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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6484

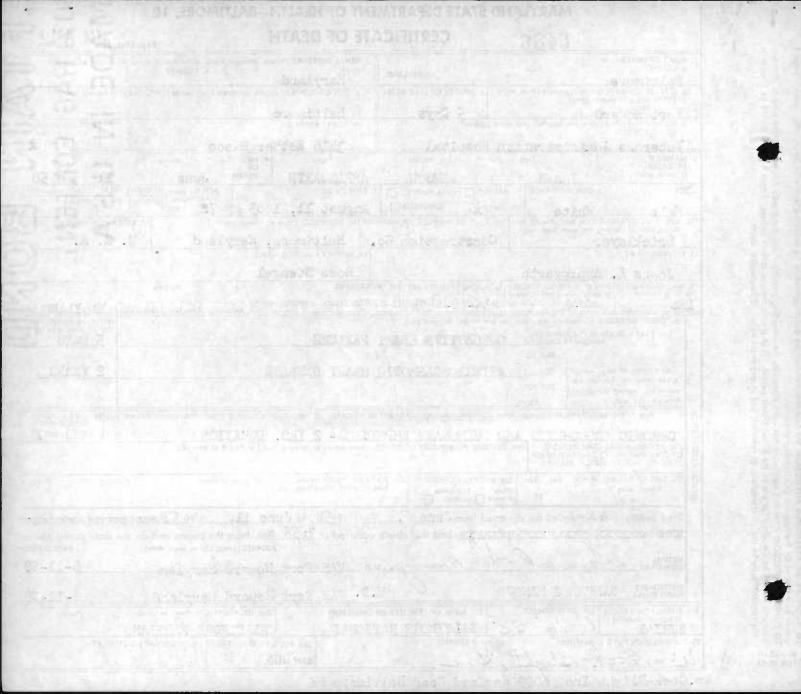
CERTIFICATE OF DEATH

Reg. Dist. No. 0646()

PLACE OF DEATH O. COUNTY	Baltimore		MARY		o. STATE Ma.1	(Where decease ryland	d lived. If institut b. COUNTY		nce befo	re admiss	sion)
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, negrest town)	write c.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpo	prote limits, write	RURAL ond	give nec	arest town	n) 🗸
Catonsvi	lle		9mths24dy	75	Baltimor		3	VOI	1_4	-	
d. NAME OF HOSE OR INSTITUTION					d. STREET ADDRESS	7.				e. IS RES	FARM?
SPRING GF	ROVE STATE	HOSPI.	PAL		33 2242 Si	dney "	venue				NO 🗌
3. NAME OF DECEASED (Type or print)	First Marga	ret	Middle Anr	ıa	Ambrose	4. DATE OF DEATH	Mo Ju	nth une	2	,	Yeor 19 58
5. SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIE	D 🗍 8.	DATE OF BIRTH		9. AGE (In years				
female	white	VIDOWED [DIVORCE		ug. 30, 18	194	loss birthdoy) 3 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT during most of we NOU Set	ION (Give kind of work do orking life, even if retired) TILE	ne 10b. KINI	D OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE (SM		country)		TIZEN O		COUNTRY
13. FATHER'S NAME Unl	mown		1.64		Unknown	N NAME					
15. WAS DECEASED EV (Yes, no. or unknown)	/ER IN U. S. ARMED FORCE (If yes, give war or dates of serv	ice)	IAL SECURITY NO		ords: SPR	ING GRO	OVE STAT	ress E HO	OSPI	TAL	
Conditions, if gove rise to cause (o), stoting lying couse lost PART II. O	immediate DUE TO				erioscleros		E CONDITION GI	VEN IN PAI	RT 1(o) 1	9. WAS	AUTOPSY PRMED?
PART II. O	VAS UNDERLYING 2	OK DESCRIBE	E HOW INITIAL WOR	CLIPPED	Enter noture of injury	in Part I as Par	t It of item 10 t				NO A
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	OD. DESCRIBE	C HOW INJURY OF	LCORRED.	Enter notore or injury	in FORT FOR FOR	i it of frem 18.)				
20c. TIME OF INJU Hour a.m. p. m.	10	While	Y OCCURRED Not while of work	20e. PLACI factor	OF INJURY (Home, for y, street, office bldg.,	orm, 20f. (City	y or town)		(County)		(Stote)
	Stella War	, 12 58 Vacl	, and that	death a	SPRING	ADDRESS (S GROVE	n the causes of	ond an t state) SPITA	he da	te state	decease ed abave ATE SIGNE 2–58
220. BURIAL, CREMATI REMOVAL (Specify		-58/	NAME OF CEME	TITE	REMATORY DIRFAL	22d. LOCA	TION (City, town,	1 - / /	DD	(Stote	1/13.
TO SUNERAL DIRECTO	R'S SIGNATURE	Const	ADDRESS /)	sel.	240. RE	JUN 5	158 24b. REG	STRAR'S SI	GNATOR	RE	

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	0	NECTOR: After this certificate has been signed by the attending physician and completely filled to by the funeral director,	s 34 fold be detached for use as the burial-transit permit. Then please remove carbon papers. Pages d 2 shauld be Thed with	egistrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
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6487 CERTIFICATE OF DEATH

Reg. Dist. 466463

	CE OF DEATH				MARYLAND	2. USUAL RES	Md.	here deceased	lived. If instituti b. COUNTY	anı Reside	nce before	e odmiss	ion)	
b. CI	Balto.	f outside corporate limi	ts. write	c. LENGTH OF	STAY IN 16	c CITY OR		outside corpor	ate limits, write II	tigal and	nive near	est town	1 /	
RL	IRAL ond give ne	arest town)				c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
dN	AME OF HOSPIT	At (If not in housital o	ive street) oddraw)		Bal.to. 3 V 0 / - 4 d. STREET ADDRESS e. IS RESIDENCE							IDENICE	
		AL (If not in hospital, g				d. SIRCEL		Dai ata	matarm T	24		ON A	FARM?	
-		Manor Nurs				<u> </u>			rstown I	id.		YES	NO 🗆	
	ASED	Fir			Middle	lo		4. DATE OF DEATH	Mar		Doy		Yeor	
	or print)	WALTE		ELLS		ATKINS						8, 19 58		
5. SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIED					B. DATE OF BIRT			9. AGE (In years lost birthday)	Months	Days	Hours	R 24 HRS. Min.	
	ale	white	WIDOW		ORCED 🗌	Dec. 3,			84 уп.		ouy.	110015	win.	
10o. US	UAL OCCUPATION	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSIN	ESS OR INDU	STRY II. BIRTHP	LACE (Stote	ar foreign co	untry)	12. CI	TIZEN OF	WHAT	COUNTRY	
	lotorman	7 1 21	'	Transit	Co.		Md.							
13. FATH	HER'S NAME					14. MOTHER'S	MAIDEN N	NAME				-		
TA	Hilliam	R. Atkinson	1				Eliza	beth E	. Cook					
15. WAS	DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURIT	Y NO. 17. I	NFORMANT			Add	ress				
		(If yes, give war ar dates of s		213-10-12	202 M	in Wolte	27 P	Atkine	on - 67L	6 03	anki r	ob B	a	
	CAUSE OF DEA	TH [Enter anly ane co				u . Walve	or ne	AUKLINS	011 - 0/2	O GI				
		TH WAS CAUSED BY:	6	rcine	oma i	of Re	core	un	with	t	ONSI	TAND	DEATH	
1	541	DUE TO		1		1/2	-	0	10					
C	onditions, if or	ny, which)	, M	vides	puas	N/ Mu	exas	Has	16-8					
	gove rise to immediate cause (a), stating the under DUE TO													
	lying cause lost. (c)													
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY													
¥												PERFO	RMED?	
CERTIFICATION 200 200 200 200 200 200	. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	SCRIBE HOW INJU	JRY OCCURRE	D. (Enter nature o	of injury in I	Part I ar Part	II of item 18.)			163	NOL	
	EITHER, NOTIFY	MEDICAL EXAMINER)												
WEDICAL 20c.	TIME OF INJUR Haur a.m.		While		D 20e. PL	ACE OF INJURY (ctary, street, affic	(Home, farm e bldg., etc	20f. (City	or tawn)	(Caunty)	7	(State)	
¥	p. m.	19	of wa	rk of wark		-17	/	1	4	/				
21.	I certify th	attended the	decea	sed from	may	14, 1958	_, to	Just .	7 1978	.,that I	last sa	w the	deceased	
ali	ve an	July 1	., 19	and	that death	accurred at	72/4	M, fram	the causes o					
		1m.	1.	i ·			1/0		eet, city or town.				ATE SIGNED	
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	(SICIAN'S ME (Type)	MORTON	1	N.KRI	EGEK	2					70	d,		
	RIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF	CEMETERY O	R CREMATORY		22d. LOCATI	ION (City, tawn,	or county)		(State	•)	
	MOVAL (Specify)	6/10/58		Loude	on Park	Cem		Balto	., Md.					
	ERAL DIRECTOR			ADDRESS		MADI	240. REC'	D BY REGISTS	RAR 24b. REGI	STRAR'S SI	GNATURI	E	200	
W	M. J. T.	ICKNER & SC	INS -	Balto.	17, Md	.1000	DATE AND	IN 1 0 '5	18 (lle	Lede	uch			
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648	RA CERTIFICA	ATE OF DEATH	Reg. Dist. N	. C6464
1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE Maryland	lived. If institution: Residence be b. COUNTY Baltim	
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest tawn) 8026 Old Philadelphia R	ld.	c. CITY OR TOWN (If autside carport		
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 8026 Philadelphia R		d. street Address 8026 Old Philadel	phia Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Thomas	S GYIFFITH	Bam Foyd 4. DATE OF DEATH	June 1	Day Year
36.9 129.11	MARRIED NEVER MARRIED DOWED DIVORCED		9. AGE (In years last birthdoy) 7 3 yrs. IF UNDER 1 YEA	AR IF UNDER 24 HRS. S Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign con Wales		OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
James Bamford		Sarah Griff	ith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes, no, or unknown) (If yes, give wor or dates of service		Lillian B. Bamford	Address 8026 Old. Phi	ila. Rd.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. Cause (b) DUE TO	Carcinom Carcinom	tosis na Rectu	m	2 ys
OR CONTRIBUTING LI CAUSE OF DEATH	asthma	NOT RELATED TO THE TERMINAL DISEASE D. (Enter nature of injury in Port I ar Port		19. WAS AUTOPSY PERFORMED? YES NO
Hour a. n.		ACE OF INJURY (Hame, farm, 20f. (City carry, street, office bldg., etc.)	ar town) (Count	y) (Stote)
21. I certify that I attended the de alive on	1958, and that death		the causes and on the deel, city or town, state)	
220. SURIAL, CREMATION, REMOVAL (Specify) 6-14-58	Moreland Ce	metery Tay	ON (City, town, or county) lor Ave. Balto.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTR	AR 246. REGISTRAR'S SIGNAT	URE

Wm Cook Blight Inc. 6009 Harford Rd.

by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 Lill be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 72 haurslettier death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 648@EDICAL EXAMINER'S CERTIFICATE OF DEATH

06465

Reg. Dist. No.

b. CITY OR TOWN Environment despends limit, write RURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limit, write RURAL and give nearest town)	-	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 4. STREET ADDRESS 4. STREET ADDRESS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (by year) 15 U.S. DATE 10 19 10 10 10 10 10 10			a. STATE MD; b. COUNTY BALTO,	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) S. SEX. S. SEX. S. COLOR OR RACE FIFTI Middle Lost A. DATE DECARSE (Type or print) Doy Year DEATH DOY Year DEATH DOY YES S. SEX S. COLOR OR RACE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 12. CHITZEN OF WHAT CO during most of working tile, even if retired) 13. FATHER'S NAME 13. WAS DECEASED EVER IN U. S. ABABE FORCES? 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ABABE FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address TYPE, w., erushamm) 18. CAUSE OF DEATH DIVER MARGINED DUE TO Condition, if any, which Quoe rise to immediate come (p), stelling the underlying DUE TO Condition, if any, which Condition,		b. CITY OR TOWN (If outside corporate timits, write RURAL ond give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
3. NAME OF DECEMBER Section Sec		ESSEX	54 £35 EX	
S. NAME OF DEATH Lost D. DATE D. DAT		d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)		NCE
DECLASED S. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF SIRTH NEVER NAGE (in period land of the control of the co	}	8245 FASTERN AUE,	1 8245 EASTERN AUE, YES NO	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		DECEASED	OF	
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10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (Slote or foreign country) 12. CITIZEN OF WHAT CO during most of working life, even if refired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECESSED EVER IN U. S. ARMED FORCES? 1 i. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), ond (c). 18. CAUSE OF DEATH (Enter only one course per life for (o) _{1/2} (b), on		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	fact bliefs down	
13. FATHER'S NAME 14. MOTHER'S MANDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one coube por Tiple for (o), (b), and (c)-] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gover its lo immediate cause (a), stating the underlying gover its lo immediate cause (a), stating the underlying Too. EXTERNAL CAUSE WAS. PRIMERY arc CONTRIBUTING Zob. DESCRIBE OW INJURY OGCUBRED. (Enter noture of injury in Part I or Part II of item 18.) Zob. EXTERNAL CAUSE WAS. PRIMERY arc CONTRIBUTING Zob. DESCRIBE OW INJURY OGCUBRED. (Enter noture of injury in Part I or Part II of item 18.) Zob. EXTERNAL CAUSE WAS. PRIMERY arc CONTRIBUTING Zob. EXTERNAL CAUSE WAS. PRIMERY arc CONTRIBUTING Zob. DESCRIBE OW INJURY OGCUBRED. (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20. LINE OF INJURY Month, Day, Year 20d. INJURY OGCUBRED. (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 21. I certify that I taak charge of the remains described abave, held an Autopsy Inspection Inquiry And find death resulted from: Notural causes Accident Suicide Homicide Undetermined cause Accident Suicide Homicide Undetermined cause Accident Suicide Suicide Accident Suicide		FEMALE WHITE WIDOWED DIVORCED	months Days nous min.	•
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse partiple for (o), (b), and (c). } PART I. DEATH WAS CAUSED BY, IMMEDIATE AUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the underlying Couse lost. (c) ARY II. OTHER SIGNA/CANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTE PERFORMANT or CONTRIBUTING 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE FOW INJURY ORCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE FOW INJURY ORCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE FOW INJURY ORCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE FOW INJURY ORCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE FOW INJURY ORCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20b. TIME OF INJURY Month, Day, Year 4		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY	NTRY?
18. CAUSE OF DEATH Enter only one cause partitle for (o), (b), and (c).		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
18. CAUSE OF DEATH Enter only one cause partitle for (o), (b), and (c).		MVER		
18. CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: WINDERDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the underlying out olast. (c), stating the underlying out olast. (c) ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTPRESOND YES NO NOTE TO CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTPRESOND YES NO CAUSE OF DEATH YES NO CAUSE OF DEATH 20c. EXTERNAL CAUSE WAS 10 DESCRIBE OW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II af item 18.) YES NO CAUSE OF DEATH YES NO COUNTY YES NO YERDANDO COUNTY YES NO YERRO YE	d		NFORMANT Address	
PART I. DEATH WAS CAUSED BY. MAMEDIATE CAUSE (a)		218-C9-6622A H	LOWARD MYERS A BOVE	
PART I. DEATH WAS CAUSE OF USE (C) WIMMEDIATE CAUSE (C) USE TO Conditions, if any, which gave rise to immediate cause (c), stating the underlying (c) OBJUSTICATION (C) OBJUSTICATI	ď	18. CAUSE OF DEATH [Enter only one cause partine for (o), (b), and (c).]		
Conditions, if any, which gave rise to immediate couse (a), stating the underlying (c) ARY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTTERFORM YES NO			earled	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying course lost. Commission of the immediate cause (a), stating the underlying course lost. Commission of the immediate cause (b)		1/23/	Madelina de Cara de Ca	
gave rise to immediate cause (a), stating the underlying DUE TO (c) ARP II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE FOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, p. m. 19 of wark of the work of the control of wark of the control of t		1-5-6-11-) is ease	
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ART II. OTHER SIGNATION. 19. WAS AUTTOURNED 19.		(d), storing the onderlying		
PERFORME 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE OV INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. 20f. (City or town) (County) 21. I certify that I taak charge of the remains described abave, held an Autopsy Inspection Inquiry And find death resulted from: Natural causes Accident Suicide Homicide Undetermined cause . ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF (22c. NAME OF CEMETERY OR CREMATORY) (22d. LOCATION (City, town, or county) (State)			NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO	PSY
20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE OW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, leaves, office bldg., etc.) 19 While Ot wark 19 Ot)	3 (a / Kectum)	PERFORMED)?
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21. I certify that I taak charge of the remains described abave, held an Autopsy, Inspection, Inquiry, and find death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause ACTUAL SIGNATURE			CE OF INITION (Home form 1904 (City or town)	-4.1
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		BURIAL GILLISS CAK L	AWN BALTO, MO	,
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
(John 1) Connelly. Essex 2/ MM, DATE 1111 2 '58 West south	1	(John 1) Connelly. Essex 2	/ M/ DATE 18 1 2 '58 West south.	

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ALLEY MEDICAL EXAMINERS CERTIFICATE OF DEATH

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y the funeral director, 2 should be filed with

requires that the death certificate be executed within 24 haurs after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6490 **CERTIFICATE OF DEATH**

Reg. Dist. No

06466

1	o. COUNTY	timore		MARYLA	- 11	o. STATE Mar	CE (Whe			institution DUNTY	Carro		admissi	ion)
		outside corporate limi	ts, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOW			orate limits,	write RU	RAL ond giv	ve neare	st town) /
		Howard		36 Days	9	Wes	tmir	ster		-	(Rura)	L) a	6x.	-2
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDR	ESS					e.		DENCE
		ans Adminis	trat	ion Hospital		RFD	#6,	Box :	137					PARM?
3	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF		Month	1	Day	1	Yeor
L	(Type or print)	ERNES!	1 1	F.	4.77	BARNES		DEATH		June		10	1	19 58
5	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. D	ATE OF BIRTH			9. AGE (In	years	FUNDER 1			
L	Male	White	WIDOW			arch 21,	190		24	yrs.	Months D	Pays	Hours	Min.
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L	Revenue A	gent		U. S. Govern	ment	Danvers	, Ma	assac	huset	ts	U.	S.	A.	
11:	. FATHER'S NAME				1	. MOTHER'S MAI	DEN NA	WE						10.10
1	John F. Ba	arnes				Martha T	apli	in						
	WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO					Addre				
L		Peace Time		578-10-5835	Clin	.Rec.,Ve	t.Ac	m. Ho	spita	1,Ft	. Howai	rd,	Mar	yland
			use per l	ine for (o), (b), and (c).]								INTERV	VAL BE	TWEEN
	PART I. DEAT	TH WAS CAUSED BY:	PNE	UMONIA, RICH	T LO	VER LOBE						OIO.	DAY	SATH
	163x	DUE TO							5 111					
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	gove rise to immediate couse (o), stoting the under-													
	lying couse lost. (c)													
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PROVINCE OF THE PROPERTY OF THE PERFORMENT OF													
43	Operation - Pneumonectomy - November 2, 1954 PERFORMED? YES ☑ NO □													
CERTIFICATION		CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCC	URRED. (E	nter noture of inju	ry in Po	ort I or Por	t II of item	18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Doy, Yes	While	Not while_	e. PLACE foctory	OF INJURY (Home street, office bldg	e, form, g., etc.)	20f. (City	or town)		(Co	unty)		(Stote)
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	ACTUAL	1/11	1	0		****					016)		41	TE SIGNED
	SIGNATURE	-40			M.D.	VAH, FO	M.T.	HUWAR	U, MA	KYLA	ND		-0/	10/20
	PHYSICIAN'S NAME (Type) C	HARLES T.		H, M.D.										
2	Po. BURIAL, CREMATION REMOVAL (Specify) BURIAL	6-13-	58	Baltimore			eter	y Ba	TION (City,	town, or	Maryl	and	(Stote)
23	FUNERAL DIRECTOR'S		# .	ADDRESS		240	. REC'D	BY REGIST	TRAR 24t	. REGIST	RAR'S SIGN	ATURE		4.751
1	Cook-Blig	· · · · · · · · · · · · · · · · · · ·	200	Harford Rd.	Balt.	JI MADAI	TE , 111	N.1.3	'58	200	(-1		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low TO FUNER poge 3 street VS A1S (4) 1SM 10/57

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CERTIFICATE OF DEATH

Reg. Dist. No. 6468

b. CITY OR TOWN (If autside corporate limits, write RURAL and give necrest lown) FORT HOWARD d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	M.	c. CITY OR TOWN (IF or Baltimore d. STREET ADDRESS 828 West 32	utside corpoi	4 .	URAL ond gi	ve nearest (own)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS		1.1			
OR INSTITUTION	al			3.40	1-4		
Veterans Administration Hospita		OZU WEST DA	2nd St			0	RESIDENCE N A FARM?
NAME OF DECEASED (Serve BARL (NMI) iddle (Type or print) EARL]	BELL Lost	4. DATE OF DEATH	Man	ne	Day	Year 19 58
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years		YEAR IF U	NDER 24 HRS.
Male White WIDOWED DIVORCED	_	April 14, 190	00	last birthdoy) 58 yrs.	Months D	Days Ho	urs Min.
D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roller Helper Biscuit Compa							HAT COUNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN N					
Frank Bell		Emma Burnha	art				
1, no. or unknown) (If yes, give war or dates of service)		ORMANT		Addi			
Yes WW I 216-01-9066	Cli	n.Rec., Vet. Ac	dm.Hos	pital, Ft	. Howar	rd, Mar	yland
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) CONGESTIVE HEAT	RT I	FATLURE				INTERVAL ONSET A	BETWEEN ND DEATH
DUE TO COR PULMONALE						1 YE	CAR
Conditions, if ony, which) DUE (b) TO PUIMONARY EMPI	HYS	EMA				6 YE	EARS
gave rise to immediate couse (a), stating the under.							
lying couse last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PNEUMONIA, LEFT LOWER LOBE * Duration			NAL DISEASE	CONDITION GIV	EN IN PART 1	PE	AS AUTOPSY RFORMED?
20g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED.	(Enter noture of injury in Po	art I ar Part	Il of item 1B.)			
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e Hour o. m. 19 While Not while of work at wark	e. PLAC factor	E OF INJURY (Home, farm, sry, street, office bldg., etc.)	20f. (City	or tawn)	(Co	unty)	(State)
21. I certify that Kattended the deceased from June 1	11.	00 19 58, to Ju	ne 6.	19 58	KAXXXX	CXXXX	0.000.000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	eath a	occurred at 8:19	AM, from	the couses a	nd on the	dote st	ated above
				eet, city or town,			DATE SIGNED
SIGNATURE TILEMAN	M.	D. VAH. FORT	HOWAR	D. MARYL	AND	6/	15/58
PHYSICIAN'S IRVING FREEMAN, M.D. Chief, I							~~~~
BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	RY OR C	CREMATORY	22d. LOCAT	ON (City, tawn, a	r county)	(5	State)
rial June9,1958 Mount Zion	Cer			on Churc		,	
FUNERAL DIRECTOR'S SIGNATURE 8110 West 36				AR 24b. REGIS			000324
rank Seitz Funeral Home, Baltimore,		Dorceo	e Min	so W	THE BOLL	ul or	

	CERTIFICATE OF DEATH	2020	
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46 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after		er this certificate has been signed by the attending physician and campletely filled. By the	for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 2 sh	
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9	spitol or attending physician.	e	fo	00

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6493 **CERTIFICATE OF DEATH**

Reg. Dist. NO 6469

RURAL and give nead Fort I d. NAME OF HOSPITAL OR INSTITUTION Veterans 3. NAME OF DECEASED (Type or print) 5. SEX Male 10c. USUAL OCCUPATION during most of workin Truck—Driver 13. FATHER'S NAME	Administratio I (If not in hospital, give street Administratio SIDNEY 6. COLOR OR RACE White (Give kind of work done g life, even if retired) 7. Self empl. Rell Rell Rell	Middle A. RIED NEVER MARRIED	Cambridge	4. DATE OF DEATH	Mon June AGE (In years lost birthdoy) 37 yrs.	2. ^	Pay 1 YEAR IF	IS RESID ON A F YES T	ARM? NO 2
OR INSTITUTION Veterans 3. NAME OF DECEASED (Type or print) 5. SEX Male 10o. USUAL OCCUPATION during most of workin Truck—Driver 13. FATHER'S NAME	Administration First SIDNEY 6. COLOR OR RACE White (Give kind of work done glife, even if retired) 7. Self empl. Relation	Middle A. RIED NEVER MARRIED ED DIVORCED KIND OF BUSINESS OR INDU	Box 32 Lost BELL B. DATE OF BIRTH September 13 STRY 11. BIRTHPLACE (Stote Cambridge	J918 9.	June AGE (In years jost birthdoy) 39 yrs.	IF UNDER	Pay 1 YEAR IF	ON A F	ARM? NO 2
DECEASED (Type or print) 5. SEX Male 10o. USUAL OCCUPATION during most of workin Truck-Driver 13. FATHER'S NAME	SIDNEY 6. COLOR OR RACE White Give kind of work done g life, even if retired r, self empl. P Bell	A. RIED NEVER MARRIED DIVORCED KIND OF BUSINESS OR INDU	BELL 8. DATE OF BIRTH September 13 STRY 11. BIRTHPLACE (Stole Cambridge	J918 9.	AGE (In years lost birthdoy) yrs.	1F UNDER	1 YEAR IF	15 UNDER	, 58
Male 100. USUAL OCCUPATION during most of workin Truck-Drives 13. FATHER'S NAME	White WIDOW (Give kind of work done g life, even if retired) , self empl. P	ED DIVORCED KIND OF BUSINESS OR INDU	September 13 STRY 11. BIRTHPLACE (Sione Cambridge	or foreign cour	39 birthdoy) yrs.				
Truck-Driver	self empl. P		Cambridge		ntry)				24 HRS. Min
			14 MOTHER CO.	, maryı			S. J		OUNTRY
Sidney P. H	IN U. S. ARMED FORCES? 116.		Ethel Horne						
Yes no, or unknown) (IF	WW II	1 67 9/19/1 C	lin.Rec.,Vet.	Adm. Hos	pital, F		ard,	lary.	land
PART I. DEATH	DUE TO (b)	ATN TUMOR					2 M	ONTH	S SEEN
Part II. OTHER 1. Cerebra and remova 20a. ACCIDENT WAS OR CONTRIBUTING CI (If EITHER, NOTIFY MI 20c. TIME OF INJURY Hour a.m. p. m.	significant conditions of Arteriogram	TONTRIBUTING TO DEATH BUT - 0/2/50	3/50			EN IN PART	1(a) 19.	WAS AU PERFORM ES	TOPSY MED? NO
20c. TIME OF INJURY Hour a. m. p. m.	While	NJURY OCCURRED 20e. PL. Nat while at work	ACE OF INJURY (Home, farm ctary, street, office bldg., etc	20f. (City or	tawn)	(Co	ounty)		(State)
ACTUAL SIGNATURE PHYSICIAN'S	opate m. maa	XXXX and that death	M.D. VAH, FORT	AM, from the ADDRESS (Street HOWARD)	MARYIA	ND	e date	stated	above SIGNE
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 6-6-58	22c. NAME OF CEMETERY O		22d. LOCATIO	N (City, tawn, o	r county)		(State)	rui D
23. FUNERAL DIRECTOR'S S LeCompte Ru		ADDRESS Hacambridge, Ealt more	240. REC'I	D BY REGISTRA	R 24b. REGIS	TRAR'S SIGI			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6494 **CERTIFICATE OF DEATH**

Reg. Dist. No. 0647()

1. PLACE OF DEATH o. COUNTY	Baltimo	re	MARYLAND	2. USUAL RESIDENCE (W 7324 Kirtle;		d lived. If instituti b. COUNTY		efore admiss	
RURAL and give r	(If outside corporate limineres I town)		oth of stay in 16	c. CITY OR TOWN (IF		rote limits, write R	URAL ond give	nearest town	n)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in hospital, ç	give street address)		d. STREET ADDRESS	y Road		24		IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Evelyn	M.	Middle Beyer	Lost	4. DATE OF DEATH	June	22,1958	Day	Yeor 19
Female	6. COLOR OR RACE	WIDOWED [DIVORCED	B. DATE OF BIRTH Jan -7, 1923		9. AGE (In years lost but beloy) yrs,	Months Doy		R 24 HRS. Min.
10a. USUAL OCCUPATI during most of wo	ON (Give kind of work rking life, even if retired ry WORK)	done 10b. KIND OF Romash	BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole	or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME		Frank	Wilkinson	14. MOTHER'S MAIDEN	NAME				
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervirel		informant awrence Beyer	7	324 Kirt		d	24
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	, cach	(b), and (c).]	eural conce	your	tore		NTERVAL BE	DEATH
Conditions, if a gave rise to cause (a), stating lying cause lost.	the under-)	remou					150	
CAT				T NOT RELATED TO THE TERM			EN IN PART 1(0	PERFO	RMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRI	ED. (Enter nature of injury in	Port I or Part	II of item 18.)			
20c. TIME OF INJUING HOUR O. m. p. m.	RY Month, Day. Yes	While Not	CCURRED 20e. Pl while fo	ACE OF INJURY (Home, form actory, street, office bldg., etc.	n, 20f. (City	or lown)	(Coun	(y)	(Stote)
21. I certify the alive on	from V L.C. 7	10	and that death	3 , 19 7 , ta a courred at 649	ADDRESS (SI	the causes of reet, city or town,		date state	
PHYSICIAN'S NAME (Type)									
REMOVAL (Specify Burial	June 26		ME OF CEMETERY C		22d. LOCAT	ION (City, town, o	to. Md.	(State	e)
23. FUNERAL DIRECTOR	S SIGNATURE	4 4	PRESS 2024 Cerk	eans of 240. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNAT	ure 4 Orl	eans

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

• FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filler page 3 yeared be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, crematian, ar removal, and in any event within 72 hours after death. TO FUNE VS A15 (4) 15M 10/57

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1	Item 18 Film 231 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist, No.	1
HEALTH DEPT.	VIII VIII VIII VIII VIII VIII VIII VII	
in die	O. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admost constant of the country messages) STATE W. Va b. COUNTY Messages	· Corne
H H	b. CITY OR TOWN (Il outside corporate limits, write RURAL and give nearest to and give nearest to and give nearest to an all of the state of the sta	own)
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the the offer	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 18 E AR IF UNDER 18 E	DER 24 1195.
2 with	WIDOWED DIVORCED 1 9/16/1922 1/36 yrs. Months Days	Min.
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PM3.	13. FATHER'S NAME Thomas D. Biggs 14. MOTHER'S MAIDEN NAME Elsie Inlad	
T)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. of unknown) (If yes, give war or dates of service)	
1 1 1 1	RECORDS OF HOS-ple	
Q 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	EEN ATH
on on one	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial asthma	
in in ince	322. DUE TO	
enci ight	Conditions, if ony, which by Delirium tremens	
0 m m o 6	(o), stating the underlying couse lost. (c) Acute Chronic alcoholism	
of Exon	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS	ORMED?
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of the Chief	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, stree), office bldg., etc.) While Not while of work of work of work of work of work of work.	(State)
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ent.	opinion deoth resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner	
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o security of the security of	120 REMOVAL (Specify) 75/58 Merces County W. Va 22d. LOCATION (City, town, or county) (Sta	te)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
5. A15ME 5M 2/57	Bailey & uneval Home Princelon W. DATEUL 2 '58 Milleduck	

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	6496	CERTIFICA	ATE OF DEATH	Reg. Dis	. N. 6472
1. PLACE OF DEATH a. COUNTY	altimore	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE MAY LAW)	/ h COUNTY	e before admission)
RURAL and give neare		LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	1 -160	ive nearest town)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street addr	ine	d. STREET ADDRESS	oad are	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	At thut	Frankl	Lin Blizzar DEAT	H June	Day Yeor 5 19-58
Male	While WIDOWED D	DIVORCED	B. DATE OF BIRTH June 2.2	last birthdoy) Months yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
during most of working	life, even if retired)	Sin Cry	Baltwist Co	country) 12. CIT	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Blizzar	se !	14. MOTHER'S MAIDEN NAME	Kemp	
15. WAS DECEASED EVER IN (Yos, no. or unknown) (If you	N U. S. ARMED FORCES? es, give wor or dates of service)	IAL SECURITY NO. 17. I	Larrie Pole of	bughter Same	
PART I. DEATH	Enter only one couse per line for WAS CAUSED BY: UMEDIATE CAUSE (o)	or (o). (b). and (c).)	Parliere		INTERVAL BETWEEN ONSEL AND DEATH
Conditions, if any, gove rise to imm couse (o), stoting the lying couse lost.	which (b) ac which DUE TO	tino sce	hiotic andis	vascular Lines	10418
	SIGNIFICANT CONDITIONS CON	FRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS LONG CONTRIBUTING (IF EITHER, NOTIFY ME	INDERLYING TO 206. DESCRIBE CAUSE OF DEATH DICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or P	Part II of item 18.)	
20c. TIME OF INJURY Hour o. gr. p. m.	Month, Day, Year 20d. INJUR While of work	Not while for	ACE OF INJURY (Home, farm, 20f. (Cotory, street, office bldg., etc.)	(C	ounty) (Stole)
21. I certify that alive on	Lattended the deceased		occurred at 10136 M, fro		ast saw the deceased
ACTUAL SIGNATURE	baldw Ti	Kees	M.D. ADDRESS	(Street, city or town, state)	DATE SIGNED 5 June 5
PHYSICIAN'S NAME (Type)	alter T	KEES	Co.	ekeys rille	Jud
220. BURIAL, CREMATION,	/	Mt. Gilead		CATION (City, town, or county) Codensburg, N	(State)
23. PUNERAL DIRECTOR'S S	1/	ADDRESS k Rd., Tows	on4, Md DATE THE 1	- 1	NATURE

ATARYTAND STATE DEPARTMENT OF HEATH-BASTIMORE 18

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CERTIFICATE OF DEATH

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4_			Reg.	Dist. No.
1.	PLACE OF DEATH O. COUNTY BAKTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceded of STATE MARYL AND	sed lived. If institution, Resi	idence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL one give neocest town) 26 485	c. CITY OR TOWN (If guiside con	porote limits, write RURAL of MORE 7	nd give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION DOGWOOD ROAD.	DOGLOGOD A	ROAD	ON A FARM? YES NO P
3.	NAME OF DECEASED (Type or print) SUSAN CATHE RINE	BOWERS 4. DATE	1	Doy Year 2 1958
6	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED EMALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH MAY 22-1890	lost birthday) Monti	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
L	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) HOUSE WIFE HOME KEEPIN	16 MARYLA	country) 12.	CITIZEN OF WHAT COUNTRY
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME AMELIA	DAU15	
15 (Y	as an annulus of the contract	RS HENRY BEL	KER - SCG	acces B-
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate	VE C. U. DIS	CIDENT -	INTERVAL BETWEEN ONSET AND DEATH
z	lying couse lost. DUE TO RENAL NSUE	FRIENCY -	ASE COMBITION CIVEN IN	PART V-118 WAS AUTORSY
CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40. PL While Not while at work at wark	ACE OF INJURY (Home, farm, 20f. (Cotory, street, office bldg., etc.)	ity or town)	(County) (Stote)
	21. I certify that I attended the deceased from SUNE / alive on SUNE 2	n accurred at		I last saw the decease in the date stated above DATE SIGNED
	PHYSICIAN'S THOMAS E. WHEELER	MD		
22	REMOVAL (Specify) 6-9-58 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOC	ATION (City, town, or coun	(State)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGI	ISTRAR 246. REGISTRAR'S	SIGNATURE

by the funeral director, d 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be restained by the hospital or attending physicion.

TO FUNC

DIRECTOR: After this certificate has been signed by the attending physician and campletely fille page 3 pould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs, after death. VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6498

CERTIFICATE OF DEATH

Rea. Dist.	0	6	4	7	6
Rea. Dist.	No.				

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1.	PLACE OF DEATH, Balto. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY B. C. C.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and pive nearest lawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION, WAGNER R.	1. STREET ADDRESS 1018 WAGNER Rd IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) E GILLET F	BOYCE 4. DATE Month Day Year OF DEATH JUNE 6 1958
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS.) NOV. 9 1911 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS.) Months Days Hours Min.
Ì	do. USUAL OCCUPATION (Give kind of work done 10%, KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIREFIPLACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA USA
13	Whaham Boyce	14. MOTHER'S MAIDEN NAME Gillet
15	(et. no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	ms & Gillet Boyce Same
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-	Rylonephilis 2 years
CEPTIEICATION	lying couse lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Port I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Month Day, Year 20d. INJURY OCCURRED While Not while for work of work 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from May alive on June 5, 19 50, and that death ACTUAL SIGNATURE WILLIAM F. PEARCE PHYSICIAN'S NAME (Type) WILLIAM F. PEARCE	25, 19.58 to June 5, 1950, that I last saw the deceased occurred at I John, from the causes and on the date stated above. ADDRESS (Street, city or town, state) M.D. 2105 N Charles St Lafe St
	6. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O CHICAGO STREET, 2000 CEMETERY	REPERATORY 22d. LOCATION (City, town, or county) (Stole)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS HOS HOS HOS NOW	L. Pal DATEJUN 9 '58 PREGISTRAR'S SIGNATURE

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1. PLACE OF DEATH				2. USUAL REST	DENCE (Wh	ere decease	d lived. If institut	on: Reside	nce hefo	ore admissio	ne
Balto.			MARYLAND	Md.			b. COUNTY				
b. CITY OR TOWN RURAL ond give	(If outside corporate limits	, write c. LENGT	H OF STAY IN 16	c. CITY OR	TOWN (If o	utside corpo	prote limits, write I	URAL ond	give ne	arest town)	П
Catons				Baltim	ore		3 V	01-1	life		
d. NAME OF HOS	PITAL (If not in hospital, gi	re street oddress)	1 3-59	d. STREET A						e. IS RESIL	DE
	Nursing Home	-98 Smith	wood Ave.	2601 0	akley	Ave.				YES 🗌	
3. NAME OF DECEASED	First		Middle	los	it	4. DATE	Moi	nth	D	ay Ye	0
(Type or print)	CORDELI	A MI	LDRED	BULL		OF DEATH	Ju	ne	1	25. 1	9
S. SEX	6. COLOR OR RACE	7. MARRIED NE	VER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years last birthday)			R IF UNDER	2
female	white	WIDOWED 🚮	DIVORCED [Jan. 26	, 187	2	86 yrs.	Months	Doys	Hours	
10o. USUAL OCCUPA	IION (Give kind of work dorking life, even if retired)	one 10b. KIND OF B	BUSINESS OR INDU	STRY 11. BIRTHPI	ACE (Stote	or foreign c	ountry)	12. C	TIZEN C	OF WHAT	
Housew	ife	at h	ome	1	ld.						
3. FATHER'S NAME				14. MOTHER'S	MAIDEN	IAME					_
George	W. Berry			Mar	garet	Delc	her				
15. WAS DECEASEDE	VER IN U. S. ARMED FORCE	ES? 16. SOCIAL SE	CURITY NO. 17.	INFORMANT			Add	ress			_
tres. no. or onknown;	(in yes, give wor or other or ter	none		Max Da 3	1. 77	A	n - 2511	0-1-3		Anna	

RESIDENCE DNOF Yeor 19 58 NDER 24 HRS Min. IAT COUNTRY? BETWEEN ND DEATH DUE TO 100.0 Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. PERFORMED? YES NO E 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour (o. m. While Not while of work p. m. 21. I certify that I attended the deceased fram. __, and that death accurred at 10:15 f)M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 6-26-58 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 6/28/58 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Woodlawn, Md. Lorraine Park Cem. ADDRESS 24g, REC'D BY REGISTRAR - 24b, REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6500

CERTIFICATE OF DEATH

Reg. Dist. No.

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1.	PLACE OF DEATH			MARYL		o. STATE		nere decease	d lived. If institut b. COUNTY	on: Residen	ce before o	imission)
-	b. CITY OR TOWN (IF	more outside corporate limi	ts, write	c. LENGTH OF STAY II	ч 16	c. CITY OR		outside corpo	prote limits, write F	URAL ond	zive negrest	town)
	RURAL ond give ne			Tife		V Balti						
1		AL (If not in hospital, g	ive street	22000		/ d. STREET A					e. 15	RESIDENCE
		enoak Ave.				2901	Cheno	ak Av	Θ.			S NO F
3.	NAME OF	Fir	st	Middle	- 1	Los		4. DATE	Mor	nth	Day	Year
	(Type or print)	narles	Raym	ond Cheno	wet.h			OF DEATH	June		27	19 58
5.	SEX	6. COLOR OR RACE		HED NEVER MARRIED		DATE OF BIRT	Н		9. AGE (In years lost birthdoy)			INDER 24 HRS.
	Male	White	WIDOWI	DIVORCED		April 1	5 19	00	58 yrs.	Months	Days Ho	ours Min.
10	o. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (State	or fareign c	ountry)	12. CIT	ZEN OF W	HAT COUNTRY?
	Merchar			Liquor Stor	e	Ba1	to.	Co.	Md.		II.S.	Δ
13	FATHER'S NAME			*		14. MOTHER'S	MAIDEN N	NAME				
	John G.	Chenoweth				Mar	y E F	uller				
15	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	ORMANT			Add	ress		
L	No			15-22-7523		Mrs. Ha	zel C	henow	eth 290]	Chen	oak A	ve.
			use per lin	ne for (o), (b), and (c).		^		1	-		INTERVA	
	PART 1. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		Co	re	mor	na	102	is	,	CNSET	A deled
	162.1	DUE TO	(;)				1		-		1	66.10
	Conditions, if on		the	mary 1	u	icy (ia	,	d		m	inte
	gave rise to in cause (o), stating t		(1/1	18	1.1	- 10	3	. ,			1100
	lying couse last.	(c		my ca.	1-ca	dis lo	10	han	~			
CATION	PART II. OTH	ER SIGNIFICANT CON	DIJIONS C	ONTRIBUTING TO DEAT	H BUT N	OF BELATED TO	LTHE TERM	NAL DISEAS	ECONDITION GIV	EN IN PART	1(o) 19 W	AS AUTOPSY
ICAI			di	onch	cec	cas	is	01	0	_		□ NOV
CERTIF	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture a	of injury in I	Part I ar Por	t II of item 18.)			
SAI	20c. TIME OF INJURY Hour o. m.	Month, Day Yes			Oe. PLAC	E OF INJURY I	Hame, form	. 20f. (City	or town)	(C	ounty)	(Stote)
MEDI	p. m.	19	While of work	Not while of work	4	, sireer office	de blog., all	\		_/		
	21. I certify the	of oftended the	decease	ed from	V	195 #	10	fin	10V	Sthat 1 !	ost sow l	he deceased
	alive on	June:	1619	18 and that	legth o	occurred of	1573	b _M from	n the causes o			
	1	1/1-/	NI	7// 1//	1	/			treet, city or town,		ie dule s	DATE SIGNED
	ACTUAL SIGNATURE	Trank	1	· Karite	/	91	005 H	Harfo	rd Rd.,	Balt	timor	d
П					1	·	****			14, 7	Md. 6	728/58
	PHYSICIAN'S NAME (Type)	Frank T	Ka	sik, Jr.								
22	BURIAL, CREMATION	N, 226. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)
L	Burial	6-30-195	8	Moreland	d Me	morial		Ba.]	to	Md.		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	2/	. 60	24o. REC'	D BY REGIST		STRAR'S SIG	NATURE	
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1	9		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	D		Battemore Centy CERTIFICATE OF DEATH Reg. Dist. 6.6477
director,	M)		PLACE OF DEATH 19 Harrisen Que 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE MATYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE MATYLAND 3. STATE MATYLAND 4. STATE MATYLAND 5. COUNTY 6. COUNTY 7. STATE MATYLAND 6. COUNTY 7. STATE MATYLAND 6. COUNTY 7. STATE MATYLAND 8. COUNTY 8. COUNTY 8. COUNTY 9. COUNT
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y the	90		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Hall harseling Home 5409. May 41EW 30 NO 6 VES NO 6
filled	- û	L	NAME OF DECEASED (Type or print) RUTH. FLizabeth Chiada 4. DATE Month Day Year 1958
pletely	ž Š	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH SEX OF BIRTH 1. MONTHS Days Hours Min. 1. Months Days Hours Min.
execution of the company of the comp	de oth.	10	
physician and	0 %	1	George Benner FANNIE ELizabeth POTEE
6)	72 hour	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AMBROSE J. Chlada Shi
ottending	within to		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CENE OTT - ONSET AND DEATH
by the	, ever		33/X DUE TO Conditions, if ony, which) (A Me mail on the mail o
equires on. signed	e e e		gove rise to immediate coese (o), stating the <u>under-lying couse lost.</u> (b) DUE TO (c)
physicic os been	avol. a	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ending ficote h	0 reg	1	20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
al or att	emotion	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED While Not while of work of wo
haspit : After	uriol, c		21. I certify that I attended the deceased fram. Felinan, 1958 to June 21, 1958, that I last saw the deceased alive an, 1958, and that death occurred at 652 M, from the causes and an the date stated above
d by th	or to b		ACTUAL Samuel St., M.D. Bidge Rd. 6/21/58
relgine	stror		PHYSICIAN'S SAMUEL STERN, M.D.
moy be	The de	L	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, torm, or county) (SIMP)
VS A15 (4)	23.	entieral Director's Signature Luck 300 Harfur 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE JUN 25 158
13			

6502 CERTIFICATE OF DEATH Reg. Dist. No. 16478 with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before pagession) a. COUNTY o. STATE filed b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) 6 RURAL and give negrest town D d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 20 YES NO NAME OF 4. DATE Month Year Day DECEASED (Type or print) DEATH 19 V 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9/AGE fin years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. WIDOWED DIVORCED 0 yrs. 10g-USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
during most of working life, pren if retired) 12. CITIZEN OF WHAT COUNTRY? oud 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician move hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address e5 attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO by E ony Conditions, if any, which gned gave rise to immediate per **DUE TO** cause (a), stating the underond lying cause last. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 00 cremation, MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day. Year (County) (State) use factory, street, affice-blda., etc.) Haur a. m. While Not-white at work at work for Hearly 19 21. I certify that I attended the deceased from __that I lost saw the deceased detoched alive on and that death accurred at M, fram the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city of Jawn, state) DATE SIGNED ACTUAE pe SIGNATURE P PHYSICIAN'S NAME (Type) FUNE 224. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE .TI 15M 9/55

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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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o. COUNTY 1 tim	ore		MARYL	AND	2. USUAL RESIDENCE (MO. STATE Maryland	/here decease	b. COUNTY	n: Resider		ore admiss	sian)
b. CITY OR TOWN (II RURAL and give ne	outside carporate limits arest tawn) Chase		LENGTH OF STAY IN	N 16	c. CITY OR TOWN (IF	outside carp	orate limits, write R	URAL and	give ne	arest taw	n)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, giv	ve street add	ress)		d. STREET ADDRESS None						SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fint Sidn		Middle A.		Lost Coon	4. DATE OF DEATH	Man	th S	De		Year 19 58
s. sex Male	6. COLOR OR RACE White	7. MARRIED	-		8. DATE OF BIRTH 4/22/77		9. AGE (In years last birthday) 81 yrs.	IF UNDER Months	Doys Doys		ER 24 HRS. Min.
Oo. USUAL OCCUPATION during most of work Farmer	N (Give kind of work doing life, even if retired)		o of Business or Farming	INDUS	Hawleyt			12. CI		S. A	COUNTR
13. FATHER'S NAME Pete:	r J. S. Co	on			14. MOTHER'S MAIDEN Sarah J						
1S. WAS DECEASED EVER	IN U. S. ARMED FORC If yes, give war ar dates of ser	vice}	Vone	17. II	Mrs Bertha	Gage	Add C1	ase,	Md		
Conditions, if ar gave rise to in cause (a), stating t lying cause last.	nmediate (g	Eneral	yla	arterio	reler	m				
PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	-	none	e-		NOT RELATED TO THE TERM O. (Enter nature of injury in			EN IN PAR	T 1(a)	PERFC	AUTOPSY ORMED?
ZOc. TIME OF INJURY	MEDICAL EXAMINER)	20d. INJUI	RY OCCURRED 2	Oe. PL/	ACE OF INJURY (Home, far tory, street, office bldg., et	m, 20f. (Cit		((County)		(State)
21. I certify the alive on	www.	deceased , 1958	from Felt of and that a	death	, 1958, to 9 occurred at 1 1			nd an t		te state	
220. BURIAL, CREMATION REMOVAL (Specify)	6/11/3				CREMATORY Valley Cem		TION (City, town, o		У.	(Stot	e)
23. FUNERAL DIRECTOR'S William (1217	St. Paul	St		D BY REGIS		TRAR'S SIG	SNATU	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4 by the funeral director, d 2 should be filed with may be relained by the hospital ar attending physician.

TO FUNE:

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by page 3 July be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrar prior to burial, cremation, or remaval, and the registrar prior to burial, cremation, or remaval, and the registrar prior to burial. VS A15 (4) 15M 9/55

AND STREET, ST (000000 70375 1011043 RANGOSON (C), THE CONTROL OF STREET BURNESS OF STREET OF STREET, STREE · Bloom of the STATE OF THE PARTY AND ADDRESS. also survive and little with the sale of the

14,9

. IS RESIDENCE

Doy

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

(Stote)

(County)

240. REC'D BY REGISTRAR 1246. REGISTRAR'S SIGNATURE

DAMIN 2 3

inancede

YES NO

Year

19

Rea. Dist. No

10 VS A15 (4)

23, FUNERAL DIRECTOR'S SIGNATURE

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FOR STATE HEALTH DEPT

after death. If any delay is necessory please is 1, 2, and 3 to the functiol director. Page 33. Page 5 may be refund for your files. les 1 and 2 with the 5 second of Health, within 72 hours ofter death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours of execute the certificate, writing the word "pending" in pendin in Item, 18. Give Pogg to a should be considered to the Chief Medical Examiner's Office along with form PM. TO FUNA. I DIRECTOR: Page 3 should be used as a buriol-transit permit. File page or its designated agent, prior to burial, cremation, or removal, and in any event we	10	9	Σ	6	3
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hr Execute the certificate, writing the word "pending" in pendi in Item, 18. Give Execute the conflictor of the Chief Medical Examiner's Office along with form TO FUNAL I DIRECTOR: Foge 3 should be used as a buriol-frontil permit. File or its designated agent, prior to burial, cremation, or removal, and in any eve	200	6	0.	ă.	0
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Items 18-21 Film 331-7-14-50 248

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg.	Dist.	0.6	481

b. CITY OR TOWN If outside corporate limits, write RURAL ond give nearest lown) Fort. Howard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) o. STATE Maryland b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Baltimore 3 V 0 /	e. IS RESIDENCE ON A FARM? YES NO 2
Fort Howard 56 Days Baltimore 3 V 0 /	e. IS RESIDENCE ON A FARM? YES NO 2
TO TOTAL DELICATION OF THE PROPERTY OF THE PRO	YES NO A
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	YES NO A
000 =	
Fort Howard Hospital Vet. Adm. 801 E. Lexington St.	D V
DECEASED	Day Year
(1ype or print) RICHARD D. CROUCH DEATH June 3	0, 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IIn years IFUNDER TY	
Male WIDOWED DIVORCED Mar. 12. 1909 Months Do	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEI during most of working life, even if retired)	N OF WHAT COUNTRY?
	U.S.A.
13 FATHER'S NAME	
John Crouch Lula Griffin	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	
Yes WWll 243 -10- 9361 Clin. Rec., Vet. Adm. Hospital Ft.	Vormad Md
	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
0000	
Conditions, if ony, which)	
gave rise to immediate couse	
(a), stoting the underlying DUE TO	
N. Carlotte and Ca	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
4 3	YES NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) Part II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(20c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) Part II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. foctory, street, office bldg., etc.) While Not while of work of w	(Stote)
Hour o. m. 3/21/58 While of work of work to of work borne Beltimore	Maryland
21. I certify that I took charge of the remains described above, held on Autopsy (x), Inspection (), Inquiry	, and in my
opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined ma	
	inter [
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER	DATE SIGNED
ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
EXAMINER'S DEPITY MEDICAL EVALUATION	7/7/58
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
REMOVAL (Specify)	00-12-
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
The cook - Blight Inc.	1
wm, Cook = Bilgho, and 6009 Harford Road DATE 7 '58 White 7 '58	4

THE STREET

MARYTAND STATE DEPARTMENT OF ESSATEL SACTIMOSE MEDICAL EXAMINER'S CERTIFICATE OF PEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06482

. IS RESIDENCE

YES NO

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

DATE SIGNED

(State)

NO.

(State)

19 5

Day

ON A FARM?

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. IS RESIDENCE ON A FARM?

IF UNDER I YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

24 hours

PERFORMED? YES NO I

(Stote)

DATE SIGNED

6 June 1958

(Stote)

AND

(County)

24b. REGISTRAR'S SIGNATURE

U.S.A.

Months

YES NO

Year

19.58

VS A15 (4)

	CERTIFICATE	
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		Applicate (Hostophy Ave of 1)

FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retricted for your files. DIRECTOR: Page 3 should be used as a burial-transit permit—file pages 1 and 2 with the 5). Baard afterwhith are its designated agent, prior to burial, cremation, or removal, and/in any event within 72 haurs after death.

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VS. A1	SME
5M 2	/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis 06484

I. PLACE OF DEATH O. COUNTY O.		
B. CITY OR TOWN (If audide separate fails, wise RURAL and give nearest flow) C. EXPANDED THE ACTION (If audide corporate fails, wise RURAL and give nearest flow) C. EXPANDED THE FORD C. EXPANDED		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY OR TOWN (If eachies express times, the IRIAN of C. LENGTH OF SIAV IN 1b ord give secrets through V Y Y Y Y A STEET ADDRESS OR A SANCE OF HOSPITAL OR INSTITUTION (If you in hospital), give street oddress) J. NAME OF O. A. SANCE OF HOSPITAL OR INSTITUTION (If you in hospital), give street oddress) J. NAME OF O. A. SANCE OF HOSPITAL OR INSTITUTION (If you in hospital), give street oddress) J. S. SEX A COLOR OR RACE (7. MAGRIED [5. NAVER MARRIED [1. NOT SET 10. NAVE OF BIRTH O. O. A. SANCE OF DIATH O. O. A. SANCE OF LORD (Give sind of world done life. NEVER MARRIED [1. NOT SET 10. NAVE OF BIRTH O. S. SEX O. S. SEX A COLOR OR RACE (7. MAGRIED (1. NAVER MARRIED [1. NAVER MARRIED [1. NAVER OF BIRTH O. S. SEX O		ALABUSAND I WIND D. COUNT
d. NAME OF HOSPITAL OR INSTITUTION (If op in hospital), give sirved oddress) d. STEET ADDRESS d. COLOR OF MACE OF A RABBOY YES NO. A RABBOY		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
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3. NAME OF CEASED DECEASED THE Middle LOST ADATE DEATH DATE DEATH DATE DEATH		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? [If yes, governor or default internal] 18. CAUSE OF DEATH [Enter only one couse part line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY YES NOT DEATH WAS AUTOPSY YES NOT	1	13. FATHER'S NAME
Tex. Part I, Define only one couse per line for (a), (b), and (c).] PART I, DEFINITION COURSE BY: IMMEDIATE CAUSE BY: DUE TO Canditions, if any, which gove rise to immediate cause (b), stating the underlying (c). PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) II.9. WAS AUTOPSY PERFORMED? YES NO PART III, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) II.9. WAS AUTOPSY PERFORMED? YES NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) II.9. WAS AUTOPSY PERFORMED? YES NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) II.9. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) II.9. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) II.9. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) II.9. WAS AUTOPSY PERFORMED? YES NO PART II.9 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) II.9. WAS AUTOPSY PERFORMED? YES NO PART II.9 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) II.9. WAS AUTOPSY PERFORMED? YES NO PART II.9 OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) II.9 WAS AUTOPSY PERFORMED? YES NO PART II.9 OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) II.9 WAS AUTOPSY PERFORMED? YES NO PART II.9 OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL	ı	Win H. Warrels Farme Sermon
18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c).		
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PART I. DEATH WAS CAUSE (8) MARCHINE CAUSE (10)	ľ	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
DUE TO Canditions, if any, which gove rise to immediate cause (a), stating the underlying (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [2] 200. EXTERNAL CAUSE WAS CONTRIBUTING 20th DESCRIBE HOW INJURY OF CURRED (Enter notify a d'injury in Part 1 or Part 11 of item 18.). Caught on fix, If CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour form, 6 28 1958 of work pair work 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 21. 1 certify that I took charge af the remains described abave, held an Autapsy Inspection Inquiry and in my opinion death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT M	1	PART I. DEATH WAS CAUSED BY:
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[co], stating the underlying DUE TO couse Tost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO [2] 200. EXTERNAL-CAUSE WAS PRIMARY BOY CONTRIBUTING 200. DESCRIBE HOW INJURY OF CURRED (Enter native of injury in Port I or Port II of item 18.) Cought on first of No [2] 200. EXTERNAL-CAUSE WAS PRIMARY BOY CONTRIBUTIONS 200. DESCRIBE HOW INJURY OF CURRED (Enter native of injury in Port I or Port II of item 18.) Cought on first of No [2] 200. EXTERNAL-CAUSE WAS PRIMARY BOY CONTRIBUTIONS 200. DESCRIBE HOW INJURY OF CURRED (Enter native of injury in Port I or Port II of item 18.) Cought on first of No [2] 200. EXTERNAL-CAUSE WAS PREMOVED WAS IN INTUITION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO [2] 200. EXTERNAL-CAUSE WAS PREMOVED WAS IN INTUITION OF COUNTY COUNTY COUNTY CAUSE OF INJURY (Home, form, 201. (City or town) (County) (State) 200. EXTERNAL-CAUSE WAS 19. SO COUNTY COUNTY	ı	
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21. I certify that I took charge af the remains described abave, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE , M.D. CHIEF MEDICAL EXAMINER	i	7:30 p.m. 6/28 1958 of work of at work of Rayte 1/1
ACTUAL SIGNATURE	l	
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EXAMINER'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF PREMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) 22d. LOCATION (City. town, or county) 23d. FUNDAY OF CEMETERY OR CREMATORY 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	I	SIGNATURE . M. T. TALLE M.D. CHIEF MEDICAL EXAMINER
PAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Igwin, or county) 22d. REC'D BY REGISTRAR 24b. REGISTRAR 24b. REGI	ł	EVAMINEDIC) A 2 2 3
REMOVAL (Specify) St. Petersburg ADDRESS ADDRESS 240. REC'D BY REGISTRAR 240. BEGISTRAR'S SIGNATURE	1	NAME (Type) / TI / F / TYPE DEPUTY MEDICAL EXAMINER (TYPE)
ADDRESS PAGE 240. REC'D BY REGISTRAR 246. REGEDRAR'S SIGNATURE		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6477

	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATEM. b. COUNTY Balto.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) APDULUS c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1319 Poplar Ave.	d. STREET ADDRESS 1319 Poplar Ave. e. IS RESIDENCE ON A FARM? YES NO X
NAME OF DECEASED (Type or print) Bessie Davis	Lost 4. DATE Month June 16, 19 58
Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 2-2-1889 9. AGE (In years lost birthdoy) 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	STRY 11. BIRTHPLACE (Stole or foreign country) Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Waring	Mary Martin
(Yes no or unknown) . Ift was own wer or deten of service)	Mord J. Davis 1319 Poplar Ave.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	ral Certarionalities (4/2
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 White Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
21. I certify that I attended the deceased from alive on actual control of the signature of	occurred at 25 AppM, from the couses and on the date stated above ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNE ADDRESS (Street, city or town, state)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 6-19-59 Measow Rice	(5.0.0)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Ave. DATE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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1.137200		William Waring

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VS A15 (4) 15M 10/57

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
		6509 CERTIFICATE OF DEATH Rog. Dist. (N) 6487	
director,	M	PLACE OF DEATH o. COUNTY Balto MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY	
eral be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
by the fund	90	Catonsville d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Pidgeway Nursing Home Catonsville d. STREET ADDRESS e. IS RESIDENC ON A FARM YES \(\sum NO \)	12
1		Pidgeway Nursing Home I O Gralan Rd YES No NAME OF First Middle Lost 4. DATE Month Doy Year OfficeAssed	
etely fills Pages		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years left) 1875 1981 1	IRS.
nd campletely in papers. Pa death.		D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newer Worked 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Md 12. CITIZEN OF WHAT COUNTY Md Md	ITRY?
5 8 4		FATHER'S NAME Austin Dempsey Lexina Valentine	
ng physician remave car 72 hours aft		MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. or unknown) (If yes, give wor or dates of service) NO Miss Edna Male – 101 Gralan Rd.	
attendir please within		18. CAUSE OF DEATH [Enter only one couse per line for jo], (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	7 H
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ending ph ficate has the burial ar remay		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
his certi use as ematian		20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 20d. INJURY OCCURRED While Not while of work o	ote)
he haspite R: After tached far burial, cri		21. I certify that I attended the deceased from 100. 4 , 1953 , to from the causes and on the date stated at all M, from the causes and on the date stated at	
d by the tector be det		ACTUAL SIGNATURE Land L. Chamber M.D. 4108 flort Ht a. Brits pul. 64	SNED
Plaine Suld Strar pr	1	PHYSICIAN'S Earl L. Chambers - 4108 Liberty Hts Bath M. 6-4	4-5
may be 7 page 3 the regist		Burial, Cremation, 22b. Date Thereof 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stote) Burial 6/6/58 Lorraine Park Com. Woodlawn, Md.	
VS A15 (4) 15M 9/SS	2	PUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE DATEJUN 5 '58 REGISTRAR'S SIGNATURE DATEJUN 5 '58	
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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fungaral director. Page 4 shares forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred for your files.

TO FUN. (L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 3, espaced of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS. A15ME &M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6466MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		U	V	3
leg.	Dist.	No.		

	PLACE OF DEATH C. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence belore admission) o. STATE Marvland b. COUNTY Baltimore
Ä	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) Dundalk	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 53 Dundalk (22)
8	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 58 Township Road	d. STREET ADDRESS 58 Township Road 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\frac{1}{2} \)
	3. NAME OF DECEASED (Type or print) George Fired	Denny 4. Date Of Death June 26, 1958
	5. SEX male 6. COLOR OR RACE White WIDOWED DIVORCED	Dec. 3, 1903 9. AGE (In yedrs lead birthday) 54 yrs. IF UNDER 1YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Boilermaker Steel	Pennsylvania USA
/	George Hobaugh	Nellie Denny
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes no, or unknown (if yes, give war or doles of service) 216-10-3189	Mrs. Alma Denny same as #2
0	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING COUPRED. (FINARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEDRY YES NO
	3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCUPRED 20e. PLA	Suicide , Homicide , Undetermined manner
2	EXAMINER'S Melvin B. Davis, M. D. 220. BURIAL, CREMATION. 22b. DATE THEREOF BURIAL (Specify) 6/30/58 Baltimore	
1	Burial 6/30/58 Baltimore 1 23. FUNERAL DIRECTOR'S STEMATURE CHAPTER DESCRIPTION DUNGAL MERCHAPTER DUNGAL MERCH	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

THE RESERVE TO SERVE AS A STREET OF THE PARTY OF THE PART

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
A = -				

6510 CERTIFICATE OF DEATH

Reg. Dist. No. 6489

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY LIMBORE
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Catonsville 30 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest tawn) Cations ville 5 2
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 245 Gralan Rd.	d. STREET ADDRESS 245 Gralan Rd. e. IS RESIDENCE ON A FARM? YES \(\sum \) NOTE
() For party	Dew Lost 4. DATE Month Day Year OF DEATH June 18/58 19
	8. DATE OF BIRTH April 7,1882 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUS Home 10b. KIND OF BUSINESS OR INDUS Nome 10b.	TO TWAY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Bertelsen	14. MOTHER'S MAIDEN NAME Unknown
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. In [19. no. or unknown] [If yes, give wor or dates of service]	NFORMANT Address 1 W. Dew (Son)
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Z 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED fac. Hour a.m. 10. While Nat while	D. (Enter nature of injury in Port I or Parl II of item 18.) ACE OF INJURY (Hame, farm, 20f. (City or Iown) (Caunty) (State)
21. I certify that fattended the deceased from. alive an 19 10, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type)	M.D. SO5 Experies street city or lowing store) My PATE SIGNER M.D. SO5 EXPERIENCE (IVE SEMI) 6/1/2
226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF Loudon Pk.	R CREMATORY 22d LOCATION (City 9 wn Maunty) (State)
4101 Edmondson Ave.	DATE JUN 2 0 '58

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6511

CERTIFICATE OF DEATH

06490

Reg. Dist. No.

1	PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) o. STATE MARYWAND b. COUNTY BALTIMORE
Г	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
L	ESSEX 16 YEARS	54 ESSEX
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	28 STEMMERS RUN KOAD	28 STEMMERS KUN KOAD YES NO NO
3	NAME OF DECEASED (Type or print) ELIZABETH PAUL IN	Last 4. DATE Month Day Year OF DEATH DVNE 14 1958
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	FEMALE WHITE WIDOWED DIVORCED	DULY 26, 1875 82, yrs. Manths Days Hours Min.
T	Od. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during goast of working life, even if retired)	STRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY?
1	HOUSE WIFE FAMILY HOME	= BALTIMORE, MARYLAND U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	TAPPADITIS SWEENEY	ENIZABETH PERKINS NONES
	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 Yes, no. or uninforum) (If yes, give wor or dates of service)	NFORMANT Address
	NO - NONE E	DWARD DORR SAME AS #2
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ong (c).]	INTERVAL BETWEEN
E	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ARY L-GEMA, ONSET AND DEATH
	450.0 DUE TO 1.	
	Canditians, if ony, which	Relivosis
	gave rise to immediate cause (a), stating the under-	
	lying cause lost. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
13		YES NO THE
AOTA CISTOS	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Part II of item 18.)
TA DOOR	20c. TIME OF INJURY Month, Day, Year Haur o. 11. B. m. 19 at work of	ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State)
1	7 116	6 6 1H ES
П	21. I certify that I attended the deceased from D-17.	19 20 to 19 2 Ahat I last saw the deceosed
	alive an 1900, and that death	accurred at 675 M, from the causes and on the dote stoted above.
T	ACTUAL MANY Transis 1-	ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE JOHN CONSINUR) —	M.D. / 21 10 115/15/15/15/15/15/15/15/15/15/15/15/15/
	PHYSICIAN'S JOHN F. GESSNER, M.D.	TOI EASTERN AVE-ESSEX
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
L	BURIAL 6/18/58 MICRELA	ND MEM, BALTIMORE MD,
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REGID BY REGISTRAR 24F. REGISTRAR'S SIGNATURE
1	wolle Klinks flesdly, Newslach,	DATE DATE

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		VANTA TANK	eff (state) for vitra 1.10.
			LINES AND AND ADDRESS OF
			25,000
		TO ALL STATES	

	STATE DEPARTMENT OF HEALTH—BALTIMO	RE, 18
6512	CERTIFICATE OF DEATH	R
	2 USUAL RESIDENCE (Where deceased lived 16	institution

Reg. Aish No.

	COUNTY BE	altimore	MARY		o. STATE Md	iere decease	d lived. If institution b. COUNTY		before admission)
	CITY OR TOWN (If RURAL and give nea	outside corporate limits, v	vrite c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o		rote limits, write R		
d	d. NAME OF HOSPITA OR INSTITUTION	HONE	street oddress)	1,	d. STREET ADDRESS			oad	e. IS RESIDENCE ON A FARM? YES NO
(1	NAME OF DECEASED Type or print)	Fint Jeffery	Middle Young		lost abel	4. DATE OF DEATH	June Mon	th 8	Day Year 19 58
S. SI	Male		MARRIED NEVER MARRIED	7 36	ATE OF BIRTH	10	9. AGE (In years lost birthdoy) yrs.	Months Do	YEAR IF UNDER 24 HRS. Dys Hours Min.
	USUAL OCCUPATION	William LCC	106. KIND OF BUSINESS O	1 1.70	11. BIRTHPLACE (Stote				N OF WHAT COUNTRY?
13. F	FATHER'S NAME	217 3 3 3 3		1	Maryla Maryla Mother's Maiden N			1 0	.S.A.
	Robert	Dubel				liles			
15. \ (Yes.	was deceased ever	yes, give wor or doles of service						Pikes	
	IR CAUSE OF DEAT	None	per line for (o), (b), and (c).]	Mr.	Robert Du	ibel,	7309 Pr		Georges Rd
	PART I. DEATH	H WAS CAUSED BY:	per line for (o), (a), and (c).		-1.				INTERVAL BETWEEN ONSET AND DEATH
NOI	Conditions, if ony gave rise to im couse (a), stoting th lying couse lost. PART II. OTHE	mediate DUE TO	Couge Justibly Obscontributing to DE	TH BUT NO	anyone o	Lun Nal DISEAS	ABlight ECONDITION GIV	Unase EN IN PART I	(a) 19. WAS AUTOPSY
CERTIFICATION	200. ACCIDENT WAS	UNDERLYING 206	. DESCRIBE HOW INJURY OF	CURRED. (E	nter nature of injury in P	Port I or Part	II of item 1B.)		PERFORMED? YES NO NO
	(IF ETIHER, NOTIFY M	EDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work 0 of work	20e. PLACE factory	OF INJURY (Home, form, , street, affice bldg., etc.)	20f. (City	or town)	(Cou	nty) (Stote)
	ACTUAL SIGNATURE	ving Kramer	1958, and that		200 00	ADDRESS (SI		nd an the	t saw the deceased date stated abave. DATE SIGNED Pelennelle Ville 8, M.T.
22o.	BURIAL, CREMATION, REMOVAL (Specify)		22c. NAME OF CEME	TERY OR CR			ION (City, tawn, o		(State)
	Burial FUNERAC DIRECTOR'S	I OULL	958 Quaker ADDRESS	Bury:		BY REGIST	lesvill	e, Md TRAR'S SIGNA	
521	24 313	XVIC	June June	succ	COLUMNIE				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6513

CERTIFICATE OF DEATH

U6492

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Ba	ltimore		MARYL	AND	o. STATMA:	ryland	ere deceased	lived. If instituti b. COUNTY		e before	admission)
ò		outside corporate limits	, write	c. LENGTH OF STAY	N 16	c. CITY OR 1	OWN (If or	utside corpora	ote limits, write F	URAL ond gi	ve neare:	st town)
	Fort Howar			2 days		, 1 .Ba	ltimo	re		3	Vo	1-11
	d. NAME OF HOSPITA	AL (If not in hospitol, gi	e street			d STREET	DESS	PARK.	SIPE	PR.	e.	IS RESIDENCE
		dministrat:	Lon I	Hospital		7110 B	clois	Road,	Balto.	6, Md.	,	ON A FARM?
3.	NAME OF DECEASED (Type or print)	First LE(Middle R.		DUNN		4. DATE OF DEATH	Mor Jur		15°	Yeor 19 58
S.	Male Male	White !	7. MARR	NEVER MARRIED DIVORCED		Aug. 17			AGE (In years lost birthdoy)			UNDER 24 HRS.
100	usual Occupation during most of working Machinist	N (Give kind of work dang life, even if retired)		kind of Business of	INDUS			or foreign cou			EN OF	WHAT COUNTRY
13.	FATHER'S NAME					14. MOTHER'S						
	James E. D	unn				Mary 1	McCari	ron				
		IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress		
	Yes	f yes, give war or dates of ser		None	Cli	n.Rec.,	Vet.Ac	dm. Hosp	pital, Ft	. Howa	rd, Ma	aryland
		H WAS CAUSED BY: IMMEDIATE CAUSE (0)		ne for (o), (b), ond (c).] LMONARY EDE	MA						INTERV	AL BETWEEN AND DEATH
	Conditions, if on gove rise to im		UNI	KNOWN CAUSE								
	couse (o), stoting the lying couse lost.		CEI	REBRAL VASC	ULAF	ACCIDE	NT				2	days
CATION	PART II. OTHI	ER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? ES NO.
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	Ob. DESC	CRIBE HOW INJURY OC	CURRED	. (Enter nature of	f injury in P	ort I or Port I	f of item 18.)		K	
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. In White of work	_ Not while _		CE OF INJURY (I ory, street, office			or town)	(Ce	ounty)	(Stote)
				ed from Jun		19.58	, to	June 1	19.58	, the dixixia	RCXOM	Chrothense
	CHINEKEUK X X X X	2 4 4 4 4 4		CXXXXX and that	death	accurred at:			the causes of the city or town,		e date	stated abave
	ACTUAL SIGNATURE	(Aush	al	else-	A	VAH,			MARYLA		6/	15/58
	PHYSICIAN'S E.	HUNTER WI	LSON	M.D.								
??c	BURIAL, CREMATION REMOVAL (Specify) Burial	JUNE 18	-58	22c. NAME OF CEMEN Baltimore					on (City, town, on ore, Ma			(Stote)
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTRA		STRAR'S SIGN		
	Dinnel Bro	there 7110	Rel	oin Rd R	27+0	6 Md	DATE III	110 4 7 10	0 0.	/	~ 1	

VS A1S (4) 1SM 10/S7

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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be the hospital or ottending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funetral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 for 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6514

CERTIFICATE OF DEATH

06493

Reg. Dist. No.

o. COUNTY	DEATH			MAR	YLAND		STATE	(Where de	eceased I	ived. If institut b. COUNT		nce befo	re odmis	sion)
	lto.					_	id.					Bal	to.	
	TOWN (If or nd give neore	ulside corporate fimi est town)	is, write	c. LENGTH OF STA	YINIB		. CITY OR TOWN ((If outside	corporo	10			arest tow	n}
146		Zone #	7			X					Zone	#7		
d. NAME O	F HOSPITAL	(If not in haspital, g	ive stree	t oddress)		1	d. STREET ADDRESS						e. IS RES	SIDENCE A FARM?
12	00 Ins	leside A	re.			()	200 Ingle	eside	e Av	9.] NO []
3. NAME OF		Fi	st	Middl	le		Lost		PATE	Mo	onth	Do	зу	Year
(Type or pri	int)	JAMI	S	J.	DUI	VNC	CK	6	DEATH	June		30.		1958
5. SEX	6	COLOR OR RACE	7. MA	RRIED NEVER MARK	RIED [7] E	B. DA	TE OF BIRTH		9	AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS.
male	30.0	white		VED DIVORC		Fe	b. 28, 18	884		lost birthdoy) 74 yrs		Days	Hours	Min.
during mo	CCUPATION st of working	(Give kind of work life, even if retired rtd) se		ND.	OR INDUS	TRY	11. BIRTHPLACE (St.	ote or for	reign cou	ntry)	12. C	ITIZEN C	OF WHAT	T COUNTRY?
13. FATHER'S N	NAME	(5,000)				14.	MOTHER'S MAIDE	N NAME						
un	known						unknow	n						
		U. S. ARMED FOR	CES? 16	S. SOCIAL SECURITY N	O. 17. IN	IFOR.			-	Ad	dress			
(Yes, no, or unkno-	, ,	es, give war or dates of s					Charles V	J D	1220	nle 7.0	00 Tm	~1~~	3.44	Assa
no		5.5					Clartes &	N. DU	uimio(CK - 12	00 111			
		WAS CAUSED BY:	iuse per	line for (a), (b), and (c	1.]		110.1	AZ	5,	A		ON	ERVAL BI	DEATH
	IA	MEDIATE CAUSE ((Melos	Show	~	You	- IX	4162	Gase	-		10	yens
421	0,0	DUE TO												0
Conditio	ons, if ony,	which) (b	1											
	se to imm	ediate (
lying con		under-	1											
Z PA	RT II. OTHER			CONTRIBUTING TO D	EATH BUT I	TOP	RELATED TO THE TE	RMINAL D	DISEASE	CONDITION GI	IVEN IN PA	RT 1(o)	9. WAS	AUTOPSY
ATIO													PERFC YES	DRMED?
20g ACCI	DENT WAS I	INDERIVING []	20h DE	SCRIBE HOW INJURY	OCCUPPED	/Fo	ter noture of injury	in Port I	or Port I	of item 18.1			163] NO []
OF CONTI	RIBUTING	JNDERLYING CAUSE OF DEATH DICAL EXAMINER)	200. 01	SCRIBE HOW HADOR!	OCCO KNED	. (21)	iei norore or injury		0, 10,11	or tient ib.,				
20c. TIME O	OF INJURY	Month, Day, Ye	or 20d.	INJURY OCCURRED	20e. PLA	CE C	F INJURY (Home, fo	orm, 20	f. (City o	r lown)		(County)		(Stote)
Hour	V	19	While		foct	lory,	street, office bldg.,	etc.}						
×	p. m.		or we	ork of work				4		30			_	
21. I ce	rtify that,	I attended the	deced	sed fram	en. 11		, 19 KF , ta_	Je	me	195	& that I	last se	aw the	deceased
alive or	·	June 2 8	_, 19_	ond tha	t death	acc	urred at 5 6	UM,	, from	the causes				
	- (1. ^	1					ADDR		et, city or town				ATE SIGNED
ACTUAL SIGNATUR	NE UL	bert	My	Dehat	^	A.D.	4111	Jet	enty	Her	13.	M		
PHYSICIAN NAME (Ty	N'S A	1bd-H	J,	Shocha	+ u	N)		7:	Bolts:	7.10	4,		
		226. DATE THEREC	F	22c. NAME OF CEA	METERY OR	CRE	MATORY	22d.	LOCATIO	ON (City, town,	or county)		(Sto	te)
REMOVAL Bu	rial	7/3/58		Lorrain	ne Cer	n.		1	Wood	lawn. M	ld.			
23. PUNERAL D	IRECTOR'S S	TONATURE .	0	ADDRESS	11	1	240. R	EC'D BY			SISTRAR'S S	IGNATU	RE	
JAM	4.1	Kerry	1 4	Sous -	DA D	D	17% DATE.		750	0.	1	- 1		
	# Y	, , , , ,		1		4	mad &	WL 2	-50	- W.	1-200	it ?		

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CERTIFICATE OF DEATH	
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THE RESERVE OF THE PARTY OF THE	
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THE RESERVE OF THE PARTY OF THE	
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Annual Street (164 S. 1.8) (1.2.2.5. et al.) (1.1. 1.1. 1.2.5. et al.) (1.1. 1.1. 1.1. 1.1. 1.1. 1.1. 1.1. 1	To be
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THE SEASON OF RESOLUTION AND GREAT LISTS. SOME SOME STATE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

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VS A1S (4) 1SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6516 **CERTIFICATE OF DEATH**

06496 Reg. Dist. No

									.,
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAN		STATE	(Where decease yland	b. COUNT		e before admission)
b. CITY OR TOWN (I RURAL ond give no	f outside corporate lime earest lown)	its, write	c. LENGTH OF STAY IN		city or town		prote limits, write	RURAL ond g	ive nearest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, of 5415 Old)			44	street address 15 Old F		k Road #	#29	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	KATHEI	RINE	Middle C .		tost TEMILLER	4. DATE OF DEATH		e 16	Day Year 1958
s. sex Female	6. COLOR OR RACE White	7. MARR	DIVORCED		TE OF BIRTH V. 23, 1	878	9. AGE (In years last birthday) 79 yrs	Months	1 YEAR IF UNDER 24 HR Days Hours Min.
100. USUAL OCCUPATION during most of world Housewife	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR II		11. BIRTHPLACE (S				S.A.
13. FATHER'S NAME				14.	MOTHER'S MAIDE	EN NAME			
	G. Cruetze				Henriett	a Linck			
1S. WAS DECEASEDEVE (Yes, no or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s			Mr. C		Eitemi		dress 7 Wind:	sor Mill Ro
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		e for (o). (b), and (c).]	and	ulis				INTERVAL BETWEEN ONSET AND DEATH
Conditions, if o			, , ,						0
lying couse lost.	the under DUE TO	:)							
PART II. OTH	FER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TE	ERMINAL DISEAS	SE CONDITION GI	VEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	JRRED. (Enl	er noture of injury	in Port I or Por	rt II of item 1B.}		
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While	Not while at work	PLACE O factory.	F INJURY (Home, treet, office bldg.,	form, 20f. (Cit	y or lown)	(C	ounty) (State
actual SIGNATURE	at I attended the	decease , 19_	2/1	eath acc	, 19.50 to priced at 30	DAM, fra			e date stated aba
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO	N, 22b. DATE THEREO	161	22c. NAME OF CEMETER	Y OR CRE	- ACU	27d 10CA	TION (City, town,	or county)	(Stote)
REMOVAL (Specify)	6/19/58		Woodlawn					arvlan	
23. FUNERAL DIRECTOR	S SIGNATURE 9	for	ADDRESS	. 0		REC'D BY REGIS		ISTRAR'S SIG	

	ATE OF DEATH	SEPTEMENT OF THE SEPTEM	
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		A STATE OF THE STA	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

06497

NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NIVERINA MINEST 8. DATE OF BIRTH 19. ACE (In years light birthday) WENDOWARD FROM 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO. NO. NO. NO. NO. (a), (b), ond (c). [INTERVAL BETWEE	0011	O-Million.	TIE OF BEATT		Reg. Dist. No.
D. CITY OR TOWN If outside carporate limits, write RURAL and give nearest town) ROCKCALE d. NAME OF COSPITAL (If not in hospital, give street oddress) OR INSTITUTION NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED IN NEW WIND AND SOUTH SERVICE OF SUSTING MINISTRY MINISTRY IN THE STATE OF SUSTING OF SUSTING SOUTH SERVICE MARKED OF DECEASED (If years and the sust of sust	ACE OF DEATH COUNTY	444000	2. USUAL RESIDENCE (Who, STATE		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCK dale d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SEX 6. COLOR OR RACE 7. MARRIED IN INVESTMENT B. DATE OF BIRTH OF DEATH OF	Balto	MARTLAND	Mde	D. COUI.	Balto.
d. NAME OF HOSPITAL (If not in hospital, give street oddress) NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED INSTRUMENTABLE IN INSTRUMENT IN INSTRUM	RURAL and give nearest town)			utside carporote limits, writ	
NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NAMENDAMENTAL SEX NOTES OF DEATH WESTON 6. COLOR OR RACE 7. MARRIED NAMENDAMENTAL SEX NOTES OF SIRTH WESTON WESTON 6. COLOR OR RACE 7. MARRIED NAMENDAMENTAL SEX NOTES OF SIRTH WESTON WESTON MONTH JUNE 15 NOTES OF SIRTH 9. AGE (In years lif under 1 years if under 1 years lif under 1 years lif under 1 years lif under 2 years light birthday) Months Days Hours 11. BIRTHPLACE (State or foreign country) Farmer WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. or unknown) 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART	Rockdale				
NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NINVENMARKES TO BEATH June 16 19. AGE (In years light birthday) March 19. 1874 9. AGE (In years light birthday) Months Days Hours	OR INSTITUTION		/	Charms Road	e. IS RESIDENCE ON A FARM?
SEX 6. COLOR OR RACE 7. MARRIED NEVERTIMATERS 8. DATE OF BIRTH 9. AGE (In years light birthday) Months Days Hours Months Days					Market 1
G. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer FATHER'S NAME William H. Emmart WAS DECEASED EVER IN U. S. ARMED FORCES? No. No. No. No. No. No. No. No.	ECEASED	4		OF	
G. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer FATHER'S NAME William H. Emmart WAS DECEASED EVER IN U. S. ARMED FORCES? No. No. No. No. No. No. No. No.		V		9. AGE (In yet last birthda	ors IF UNDER 1 YEAR IF UNDER 24 HR: Months Days Hours Min.
FATHER'S NAME FATHER'S NAME William H. Emmart Was DECEASED EVER IN U. S. ARMED FORCES? If yes, pive wor or dotes of service) None None None Wrs. Elizabeth M. Emmart 3522 Wild Cherry R INTERVAL BETWEE ONSET AND DE ONSET AND DE Conditions, if any, which gove rise to immediate ONE OWNER OWNER Address None V. S. ARMED FORCES? It yes, pive wor or dotes of service) None Non	All and the second seco				
## PATHER'S NAME William He Emmart Was DECEASED EVER IN U. S. ARMED FORCES? WAS DECEASED EVER IN U. S. ARMED FORCES? In yes, give wor or dates of service) None (if yes, give wor or dates of service) None Non		Farmer Owner		or toreign coomity)	
WAS DECEASED EVER IN U. S. ARMED FORCES? No.	ATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
WAS DECEASED EVER IN U. S. ARMED FORCES? No.	William U. Francos		Laure W	Ti manua	
No.	VAS DECEASED EVER IN U. S. ARMED FORCES? 1				ddress
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRUNOMA, RECTUM— Conditions, if any, which gove rise to immediate (b) METASTASIS YO LIVER = 2 YEA	no, or unknown) (If yes, give war or dates of service)				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA, RECTUM— ONSET AND DEI ONSET AND DE	B. CAUSE OF DEATH [Enter only one cause per	ine for (a), (b), and (c).	0		INTERVAL BETWEEN
Conditions, if any, which gove rise to immediate (b) METASTASIS TO LIVER = 2 YEAR	PART I. DEATH WAS CAUSED BY:	FREINOMA, 1	ECTUM -	- 5	ONSET AND DEATH
gove rise to immediate	154X DUE TO			-	211
	Conditions, if any, which) (b)	1FTASTASIS	70 LIVA	ER =	2 YEAR
Cosse (a), stating the under (
lutan serve test	luing cours last				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(a) 19 WAS AUTORS
PERFORME		The second secon	TO THE TERMIN	THE DISEASE CONDITION	PERFORMED?
20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	10g. ACCIDENT WAS UNDERLYING 1 20b. DE DE CONTRIBUTING 1 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED). (Enter noture of injury in F	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Okaling Day, Year 20d. INJURY OCCURRED And while of work of w	Hour o. m. Whil	le Not while fac	CE OF INJURY (Hame, form, tory, street, affice bldg., etc.	20f. (City or town)	(County) (State
21. I certify that I attended the deceased from APRIL 1, 1954, to WINE 16, 1958, that I last saw the dec	21. I certify that I attended the decec	sed from APRIL	1 , 1954, to V	UNE 16 195	E, that I last saw the decea
alive an JUNE 16, 1958, and that death accurred atM, from the causes and an the date stated of	111 115 16	CF.	accurred at		
ADDRESS (Street, city or town, state)	90 0	110			
SIGNATURE PROMOR C. Whelele M.D. 3601 Chipman Rd 6/17	ACTUAL HARMAN &	10/11/11/21	2601	Milaria	Pol 6/19/
SIGNATURE M.D. COLOR M	IGNATURE V VVV 77 C. C	11	A.D	signing!	
PHYSICIAN'S THOMAS E. WHEELER BALTO > -	HYSICIAN'S THOMAS E.	WHEELER		3ALTO>	
o. BURIAL, CREMATION, Page Date Thereof Burial Specify June 18,1958 Mt. Olive Cemetery Randallstown, Md. (Stote)	DELLONIAL ICARAELS				
					1 - 11
		ADDRESS	24m PEC'T	RY REGISTRAD 24 DE	GISTRAR'S SIGNATURE
Randellstown Md.	Esing 113, 100, 10.		240. REC'T	BY REGISTRAR 26. RE	GISTRAR'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be required by the haspital or attending physician.

TO FUNE: OIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs ofter death.

VS A15 (4) 15M 10/57

MARYLAND	STATE DE	PARTMENT	OF HEALTH	-BALTIMORE,	18

6518 **CERTIFICATE OF DEATH** Reg. Dist. 46.498

o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W 9. STATE Maryland	here deceased live	L COUNTY	Residence befo Baltimo	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neprest town) Bird River	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Baltimore	outside carporate l	limits, write RURA	L and give nec	arest lown)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Box 244 Ebenezer Rd.	oddress)	d. STREET ADDRESS Box 244 Et	benezer R	Rd.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Joseph	A. Eurice	Lost	4. DATE OF DEATH	Month	21	Yeor 1958
5. SEX 6. COLOR OR RACE 7. MARR WHOW!	ED DIVORCED	8. DATE OF BIRTH 3-4-1897	9. A. 61		JNDER I YEAR	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. during most of warking life, even if retired) Farmer 13. FATHER'S NAME	kind of Business or Indu Own Farm	STRY 11. BIRTHPLACE (Stole Balto.) 14. MOTHER'S MAIDEN	Co. Md.		U.S.	A .
John Joseph Eurice 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Elizabet	th Winkl	.er		
(Yes no or unknown) . It's was own wor or dotter of services	17-14-9964	Mrs. Theresa	E. Euric		244 Ebe	enezer Rd.
18. CAUSE OF DEATH Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. (c)	etasketicano Princip Care	emorns of Co	eacen/		ONS	ERVAL BETWEEN SET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT				N PART I(o) 1	9. WAS AUTOPSY PERFORMED? YES NO D
20c. TIME OF INJURY Month, Day, Year 20d. IN	NJURY OCCURRED 20e. PL Not while fo	ACE OF INJURY (Home, forn	n, 20f. (City or to	own)	(County)	(State)
21. I certify that I attended the decease olive on 1	ed fram. Half	occurred at 10 540	-21	e causes and	an the dat	aw the deceased te stated above DATE SIGNED
PHYSICIAN'S MICHARY J. G	ROSS FEWD M	D- B	ralls 6	My		
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24. PARTIE TO THE PROPERTY OF THE PROPER	St. Joseph (ADDRESS, Hallis	emetery 24a. REC	Balto By REGISTRAR N 2 4 '58	(City, town, arco		(Stole)

Secretary and an analysis of the second sections and the		
The Part of the Control of the Contr		
	The Market Control	
	and the state of t	

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by the funeral director, 2 should be filed with moy be retained by the hospital or attending physician.

TO FUNES DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 per value of the property of the page 3 per value of the page 3 per value of the per value

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

Reg. Dist. No.

	o. COUNTY Baltimore MARYLAND	o. STATE Md. Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cural - Monk for Saum 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) X Monkton Rural
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION TM PENCE ROAD	J.M. Pearce Rd. o. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Tokus Milliams /	Lost Lost Property Lost Party Sear Manth Day Year OF DEATH June 9 1955
1	Male White WIDOWED Marivokeed	B. DATE OF BIRTH 10 Oct -1882 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
12	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Author Company Company FATHER'S NAME TO COMP	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Ans Coasas
15 (Y	es, no, or unknown) (If yes, give war or dates of service)	NFORMANT Please Mankfor Md-Same
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under. lying cause lost. (c)	Of Ling Interval Between ONSET AND DEATH OF
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Port 1 or Port 11 of item 18.)
CERT	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2. (cnier notice of injury in correct for rort if or nem is.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while for work of work of work	ACE OF INJURY (Home, farm. 20f. (City or town) (County) (State)
,	21. I certify that I attended the deceased from olive on 5 1000, and that death ACTUAL SIGNATURE NALGUET. 1665 PHYSICIAN'S NAME (Type) Walter T 15 EFS	occurred of A M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. DATE SIGNED ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state)
22	o. Burial, Cremation, 22b. Date thereof St. James 6-12-58 22c. NAME OF CEMETERY O	
23	FUNERAL DIRECTOR'S SIGNATURE 622 YORK Rd., Towson	Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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Contain de la contaction de la contactin				
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		2000		
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Marine as the Sist.				
				nga e 75 o e do

CERTIFICATIO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21. I certify/that I attended the deceased fram

20c. TIME OF INJURY

olive on

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

Burial (Specify)

Hour o. m.

电		MARYLAND 6520		MENT OF HEALTI	H—BALTIMORE, 18 H
director.	1. PLACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution: b. COUNTY
funeral	b. CITY OR TOWN (RURAL and give n WOOd Lav	If outside corporate limits, write earest lown)	c, LENGTH OF STAY IN 16		outside corporate limits, write RUR.
2 should	OR JISTITUTION	TAL (If not in hospital, give street iel Street	oddress)	d. STREET ADDRESS 6437 Kr:	iel Street
illed jes 1 a	3. NAME OF DECEASED (Type or print)	Dominic Far	Middle Va.	Lost	4. DATE Month OF June
ond completely filled con popers. Pages 1 ir death.	5. SEX M	W WIDOWI		B. DATE OF BIRTH 12/13/1888	9. AGE (In years lost birthdoy) 69 yrs.
nd comple n popers. death.	during most of wor Retired	ON (Give kind of work done 10b. king life, even if retired) Salesman	KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stole Italy	or foreign country)
cort	13. FATHER'S NAME Joseph	Fava		Johani	
0 01		(If yes, give wor or dates of service)	social security No. 17. 14.03.1991	Mrs. Sarah	Fava 6437 Kr
he attending hen please r ent within 72		ATH [Enter only one couse per lin ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ne for (g), (b), and (c).]	- 0/ Len	7
ned by it	Conditions, if o	ny, which (b)	Carcinon	alope !	
en sign ansit p and ii	lying couse lost.	(c)			

6520	CERTIFICA	ATE OF DEATH			Reg. Dist.	_	500
EATH Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE)		ed. If institution b. COUNTY		before odmis	
OWN (If outside corporate limits, write defive nearest town)	c, LENGTH OF STAY IN 16	c. CITY OR TOWN (IF on X Woodlawn		limits, write R	URAL ond giv	e nearest tow	n)
HOSPITAL (If not in hospital, give street or LUTION Kriel Street	ldress)	d. STREET ADDRESS 6437 Kri	el Str	eet		ON	SIDENCE A FARM? NO X
Dominic Fav	Middle	Lost	4. DATE OF DEATH	Jun		Day	Yeor 19 58
6. COLOR OR RACE 7. MARRIE WIDOWED	DIVORCED DIVORCED	B. DATE OF BIRTH 12/13/1888	9. /	AGE (In years ast birthday) 69 yrs.	IF UNDER 1	YEAR IF UND	
	ava Prod.	Italy		(גי		SA	COUNTRY
ame Poh Fava SEDEVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 117. H	14. MOTHER'S MAIDEN N Johann NFORMANT		arbo			
n) If yes, give wor or dates of service) NO 21	1		Fava 6	437 K		St. (7)
OF DEATH [Enter only one couse per line IT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (g), (b), and (c).]	- 0/ Len	4			INTERVAL B	
ns, if ony, which to immediate stoting the under-stellar. (c)	premon	alone C	1	^			
T II. OTHER SIGNIFICANT CONDITIONS CO			E E		EN IN PART 1	PERFO	AUTOPSY DRMED?
ENT WAS UNDERLYING 20b. DESCR BUTING 2 CAUSE OF DEATH NOTIFY MEDICAL EXAMINER	IBE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	ort 1 or Part I1 o	of item IB.)		Fin	
F INJURY Month, Day, Year 20d. INJ o. m. 19 While ot work [URY OCCURRED 20e. PLA Not while foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or	rown)	(Cou	inty)	(Stole)
tify that I attended the deceased 195 DV Flory 7 8	from for an and that death	occurred at 7/2	M, from the	ne causes a	nd an the	dote stot	
EEMATION, 22b. DATE THEREOF 6/13/58	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION	(City, town, c		(Sto	te)
RECTOR'S SIGNATURE Stansbury 6411 W	ADDRESS indsor Mill	Rd. 7 DATE JUI	BY REGISTRAR		TRAR'S SIGN	ATURE	

VS A15 (4) 15M 10/57

VS A15 (4) 15M 9/55 M

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIN				
	6521	CERTIFICA	ATE OF DEATH	R	
EATH	Baltimore	MARYIAND	2. USUAL RESIDENCE (Where deceased lived. If instinut on STATE Mary and b. COUNTY	tutian:	

Reg. Dist. No.06501

1. PLACE OF DEATH a. COUNTY Baltimore MARY	II o STATI	Mary		lived. If institution b. COUNTY		before odn	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Rux ton 4		or town (If ou xton 4	tside corpore	te limits, write R	URAL and g	ive nearest to	awn)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		ET ADDRESS		THE SEP		e. IS I	RESIDENCE A FARM?
1500 Carrollton Avenue	150	1500 Carrollton Avenue			YES	□ NO 🖈	
3. NAME OF DECEASED (Type or print) MARTHA ELIZABETH	FISHPAW	Lost	4. DATE OF DEATH	June 2		Doy 958	Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE		BIRTH	9	. AGE (In years		YEAR IF UN	
Female White WIDOWED DIVORCE		h 21.	1861	lost birthday)	Months	Days Hou	rs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS O				ntry)	12. CITI	ZEN OF WH	AT COUNTRY?
during most of warking life, even if retired) Housewife Own Home	M	arvland	1		US	A	
13. FATHER'S NAME		ER'S MAIDEN NA			0~	4.4	
John Henry Leaf	M	arv Day	vis				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO		, DOI		Addr	ress		
No None None	Mrs. H	.W .Ship	nlew.	Ruxton	a. Md		
18. CAUSE OF DEATH [Enter only one couse per line for (a), (f), and (c).			1	16021 001	19 110	INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pully	man	116	168	2000		ONSET AN	ND BEATH
450.0 DUE TO	1	11/1		A Juce			400
Conditions if any which \ MALA	mont	Jack!	1-12	16	0	1.	12/2
gave rise to immediate	1	1	1 0-			-	,
cause (a), stating the under:	insci	Lid	2 1			1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATE	TO THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WA	S AUTOPSY
Š						PER	FORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter natu	re of injury in Pa	art I or Part 1	1 of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while at work at work at work	20e. PLACE OF INJU foctory, street, o	RY (Hame, farm, office bldg., etc.)	20f. (City o	or town)	(Ca	ounty)	(Stote)
21. I certify that I attended the deceased from	12 . 19	5 % to 14	ne	1 195	Shat Lle	ast saw th	e deceased
	death occurred	1	and a				
	-94 500064	- 1	1 1	et, city ar tawn		e dule sit	DATE SIGNED
ACTUAL SIGNATURE SLANGE J. MILANO	M.D.	Line	her	me	6,	my	4/3/5
PHYSICIAN'S G. P. G. I - MOR	E	VI	1/ F	RV	111	Ē,	Mt
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME REMOVAL (Specify) June 4.1958 Jessobs	Cemeter			ON (City, town, o		d.	tate)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		V	BY REGISTRA	-	TRAR'S SIG		
John Burns' Sons, Towson, Ma	arylad	DATEJN 4		au.	educe	h	

MARYLAND STATE DEPARTMENT OF HEALTH-DALIMURE, I

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e. IS RESIDENCE

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IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

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DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

US

ON A FARM?

YES NO

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Min.

Rea. Dist. No.

Months

Address

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Everette Everett ADDRESS 24a, REC'D BY REGISTRAR 24 REGISTRAR'S SIGNATURE 4107 Wilkens Ave DATE JUN 1 0

0 VS A1S (4) 15M 9/SS

ACTUAL SIGNATUR PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

Jime 8, ist Secil Warmen Score Mizte woom a Forenan Comes, Co. L. Ererette, Fa. Har area Petrebelder Hone 1773-14-4768 tabelma C. Ferr, 4200 Mashington elve. . all oddaesen EP 21\8 f52/cd Noward H. Hill Sand Paor Wilkers Ave

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please executed a certificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fizzzol director. Page 4 show the farmanded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refully for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Starle Baard of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours offer death.

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VS A15ME 8M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6468 CERTIFICATE OF DEATH

Reg. Dist. No. 6503

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY BALTO MARYLAND	o. STATE Md b. COUNTY BALTO
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
-	DUNDALK 15 TRS	53 DUNDALK
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	1919 QUEENSWAY	1919 QUEENS WAY YES NOTE
	3. NAME OF DECEASED (Type or print) JOHN First Middle LEROY F	RENCH . DOS Year OFATH 6/14/53 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In your LUNDER TYEAR IF UNDER 24 HRS.
	M. WIDOWED DIVORCED	SEPT. 1, 1890 GT yrs. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if refired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
A	LAB. TECH. CHEMICAL MIT	R. Md U.S. H
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	- JOHN A. FRENCH, SK.	EMMA BRICHT FRENCH
	15. WAS DECEASED EVER IN V. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no. op unknown] (If yes, give war or dates of jervice)	INFORMANT Address
	7ES WIL 416-07-8674/1	ARS. JOHN JI GFROREK - SAME
	18. CAUSE OF DEATH [Enter only one couse per lipe) or (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) (ORONAMY	Ucc Lusion
	420.1 DUE TO	
	Canditions, if any, which) (b)	
1	gave rise to immediate cause (a), slating the underlying DUE TO PS-C-V-) IS EAS E
	couse lost.	1/30/43
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED
	5	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. EXTERNAL CAUSE WAS PRIMARY III or CONTRIBUTING II CAUSE OF DEATH.	(Enter nature of Injury in Part I or Part II of item 18.)
		ACE OF INJURY (Home, form, 20f, (City or town) (County) (State)
		ctory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described ab	ave, held on Autopsy . Inspection . Inquiry . and in my
	opinion death resulted from: Natural causes . Accident	, Suicide, Homicide, Undetermined monner
	ma 1	
	ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
	MB Davis MA	ASSISTANT MEDICAL EXAMINER ()
	EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER []
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY C	R CREMATORY 22d, LOCATION (City, town, or equity) (Sinte) HITION BL BALTINGORE, M
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	(lath Stroke Dudley, Alevoloth	DATEJUN 1 8 '58 Cree Court
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1%	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18	06506
D	6522 CERTIFIC	CATE OF DEATH Reg. Di	ist. No. 32
the funeral director shauld be filed with	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider	nce before admission)
filed filed	Baltimore County MARYLAND	MAKYLAND BALL	TIMORE
d be	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) M. H. H. CON MONTH and	0 1 1	give nearest town)
he fu haul	Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospitol, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
02	Mt. Wilson State Hospital	CO9 ALDERSHOT ROAD	ON A FARM? YES NO
9-	3. NAME OF First Middle	Last 4. DATE Month	Day Yeor
Poges 1	(Type or print) CHARLES FRANKLIN		22 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lest birthdoy) 41-19-04 75.	Days Hours Min.
comple popers.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	PUSTRY 11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT COUNTRY
	during most of working life, even if retired) ELEVATOR OPERATOR HOTEL	TOR STATE	1. S. A.
Corbon	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JOSEPH GALLION 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	JENNIE SALE INFORMANT Address	
	[Yes, no, or unknown] [(If yes, give war or dates of service]	Hospital Records, Mt. Wilson Sta	te Mosnital
attending n please re within 72	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	HOSPItal Records, 1100 WILSON Dua	INTERVAL BETWEEN
atte att	PART I. DEATH WAS CAUSED BY: PULMONARY	TUBERCULOSIS	2 YEARS
ever Th	DUE TO		
ed be	Canditions, if ony, which gove rise to immediate (b)		
ion. ion sign and in	couse (o), stoting the <u>under-</u> lying couse lost.		
0 2 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMED?
ng physi e has be burial-tr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		YES NO E
or re	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)	
atte as the		PLACE OF INJURY (Home, farm, 20f. (City ar tawn)	County) (State)
his con use emate	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while at work of work	factory, street, office bldg., etc.)	
spile d for II, cr	21. I certify that I attended the deceased from 7-2	5-, 1956, to 6-12-, 1958, that I	last saw the deceased
he he he burie	alive on 6-22-, 10 5P, and that deal	th accurred at 12.10 P. M., fram the causes and an t	he date stated above
CTO det	ACTUAL 11/18 11/200	ADDRESS (Street, city or town, stote) Mt. Wilson, Maryland	C 22 SP
DIRE DIRE prio	SIGNATURE WARANA WAVEMILY		6,77,00
JNEF JNEF JNEF JNEF JNEF JNEF JNEF JNEF	PHYSICIAN'S William Newcomer, M.D.	Superintendent	
CON Se 3	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY		(State)
Poge the re	Burial June 25/58 Loudon Par 23. FUNERAL DIRECTOR'S, SIGNATURE. ADDRESS	R Baltimore 29, Md	
VS A15 (4) 15M 10/57	Havry A. Witche JR410) Edmondo	Son Au DATEN 2 4 '58 Cll Sauce	A TOKE
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 6526 Rea. Dist. No directo 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND erai c. LENGTH OF STAY IN 16 b. CITY OR TOWN (Il outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should NAME OF HOSPITAL (II not in hospital, give street address) STREET ADDRESS OR INSTITUTION 710 Westover Rd. 4. DATE NAME OF Middle Month DECEASED DEATH (Type or print) June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Days WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) EN CHEN puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ottending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ă PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 00 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) foctory, street, affice bldg., etc.) Hour a.m. While Nat while of work of work p. m 1/cc 120 _ 199 X, to 21. I certify that I attended the deceased from 26 _____, 19___,that I last sow the deceased ___, and that death occurred at 5115 alive on M, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL pina PHYSICIAN'S NAME (Type) HOSPIT 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) moy by REMOVAL (Specify) 6/30/1958 New Cathedral Cemetery Burial Baltimore Maryland 0 ADDRESS 23-FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

iberty Heights Ave

06599

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

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PERFORMED? YES [

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(Stote)

DATE SIGNED

(State)

INTERVAL BETWEEN ONSET AND DEATH

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DATE

TO FUNE 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe

8	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06511
	PLACE OF DEATH d. COUNTY AMARYLAND PLACE OF DEATH D. COUNTY AMARYLAND PLACE OF DEATH D. COUNTY AMARYLAND C. STATE D. COUNTY AMARYLAND Reg. Di D. COUNTY D. C	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and and give nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and and give nearest lown)	give nearest tawn)
4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) SPRINC, GROVE STATE Hospital, Gwynn Oak Ave.	e. IS RESIDENCE ON A FARM? YES NO
13	N. NAME OF DECEASED (Type or print) LILIAN First Middle CARIC WOLD DEATH JUNIF	Day Year 8 19 5 7
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED NOV 1891 9. AGE (In years loss birthday) 66 yrs.	
3		ZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Charles H. Griswold 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes, give war or dates of service) Niss Olive C. Griswold — 5811 Gwg	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac failure DUE TO Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. DUE TO (c) (c)	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) CAUSE OF DEATH.	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
O INDICATE		nty) (Slate)
	21. I certify that I took charge of the remains described abave, held an Autopsy, Inspection, Inquiry death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause	
	EXAMINER'S C L-O, S.M. K F F E K MOFFUTY MEDICAL EXAMINER June 1990 June	DATE SIGNED
	20. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) Burial 6/11/58 Druid Ridge Com. Pikesville 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR 24b. REG	
	WM. J. TICKNER & SONS - Balto. 17, Md. (DATE #114 9 '58 COL	

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MARYLAND	STATE DEPARTMENT OF THEALTH—BALTIMORE,	18
6529	CERTIFICATE OF DEATH	

CERTIFICATE OF DEATH

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									Mag. Di	31. 110.	
1. PLACE OF DEATH o. COUNTY			MAR	YLAND	2. USUAL RES	ryland	nere deceased	l lived. If institu		nce before	admission)
	timore								- 6	5 N O	1 bof
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		IN 16									
For	t Howard,		125 Days	3	73	6 N. C	larrol.	lton Av	enue, B	altim	ore
OR INSTITUTION			Marin San San San San San San San San San Sa		d. STREET			1 A			IS RESIDENCE ON A FARM?
Vetera	ns Administ	ratio	on Hospital		13	6 N. C	arrol	lton Av	enue	۲	YES NO
3. NAME OF DECEASED (Type or print)	Fir LUI		Middle		GROSS	ost	4. DATE OF DEATH	Ju	onth ne	26 26	Year 19 5 8
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARR	ED 🗆	B. DATE OF BIR	TH		9. AGE (In year	IF UNDER	1 YEAR IF	UNDER 24 HRS.
Male	Colored	WIDOW			March 6			lost birthdoy	Months		Hours Min.
	TION (Give kind of work	lone 10b.	KIND OF BUSINESS O					0.3		TIZEN OF	WHAT COUNTRY
Laborer	orking life, even if refired	-	airy Garage			-		ryland		. S.	
13. FATHER'S NAME					14. MOTHER	'S MAIDEN N	NAME				
Edward	Gross				An	nie Br	rown				
	VER IN U. S. ARMED FOR	CES2 114	SOCIAL SECURITY NO	117 15	NFORMANT			A-	Idress		
Yes, no. or unknown) Yes	WW I	rvicel	216-01-8560			,Vet.	Adm. Ho			ard,M	laryland
18. CAUSE OF D	EATH [Enter only one co	use per li	ine for (o). (b). ond (c)	.]						INTERV	AL BETWEEN
PART I. D	EATH WAS CAUSED BY:	DDC	MCUCCENTC	CARC	TNOWA					ONSET	EAR DEATH
162.1	DUE TO	DIL	MCHOGENIC	CARC	TIVOLIA						2324
Condition: 16										1 2 3	
Conditions, if	immediate									-	
couse (o), stotin											
lying couse los	_ / /										
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED I	O THE TERMI	NAL DISEASE	CONDITION	IVEN IN PAR	T 1(o) 19.	WAS AUTOPSY
Trtrome	dullary nail	727	ert remur-	15HOI	ions.	perat.	TOIL, O	pen red	MC 0 TOIL	Y	ES NO DE
20a. ACCIDENT V	WAS UNDERLYING I		CRIBE HOW INJURY	CCURRE	D. (Enter noture	of injury in I	Port I or Port	II of item 18.1			
Patholog Intramed 200. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIF	IG CAUSE OF DEATH										
20c. TIME OF INJU	URY Month, Doy, Yes	r 20d. I	NIURY OCCURRED	20e. PL/	ACE OF INJURY	(Home, form	20f (City	or town)		County)	(Stote)
Hour a. m		While	_ Not while _	fac	tory, street, offic	ce bldg., etc.	.)	or rown,	,	Coomy	(siole)
₹ p. m	. 19	of wor	rk ot work							44	
21. I certify	that & attended the	deceas	ed from Febr	uarv	21 19 58	3 to Ju	ne 2	6 195	8 XXXX	XXXXX	CXXXXXXX
WALLAND AND AND AND AND AND AND AND AND AND	CXXXXXXXXXXXXX	VVIOV	YYYY and that	dogth	accurred of	17.3	PM.			L . J. A	ine decease
MANAGENAA	-	AARA	AAAA, and mai	aeain	accorred a			reet, city or tow		ne date	DATE SIGNE
ACTUAL .	V	00-									
SIGNATURE	Throng 1	rue	man		M.D. VA I	HOSPIT	AL, FOR	T_HOWAR	D, MAR	YLANI) 6/27/5
PHYSICIAN'S											
NAME (Type)	IRVING FREE	MAN,	M.D., Chi	ef, l	Medical	Servi	ce		4.		
20. BURIAL, CREMAT	ION, 226. DATE THEREO	F	22c. NAME OF CEM	ETERY OF	R CREMATORY		22d. LOCAT	ION (City, town	or county)		(Stote)
REMOVAL (Specif	7-1-58										(3.0.6)
Burial FUNEBAL DIRECTO			ADDRESS	ore	<u>National</u>	1		imore,			
nailes	1 Silver		802-04 Ma	disor	a Ave.	240. REC'	D BY REGISTE	RAR 24b. REC	GISTRAR'S SIG	SNATURE	
Charles R	Law Mortua	ייי	Raltimore			DATELL	1 '58	0000	(, "	/	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6531 CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE Maryland Baltimore b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)
Cockeysville Baltimore d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION Falls Rd and Greenway Rd. d. STREET ADDRESS 1207 W. Belvedere Avenue NAME OF Middle HALL MINNIE GHETLER DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO June 16, 1958 19 IF UNDER 1 YEAR IF UNDER 24 HRS Female White WIDOWED | DIVORCED | September 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Own Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Elizabeth North Spencer Thomas Oldham 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Cockevsville. G. Earl Guetler, Falls and Greenway Rds., No None None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: TERIOSCLEROTIC CARDIOVASCULAR DISEASE IMMEDIATE CAUSE (0) /- 1 DUE TO Canditians, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.! Hour a. m Not while at work at wark 195 Sthot I last saw the deceased 21. I certify that I attended the deceased from. __, and that death occurred at /_ M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Pikesville. Maryland June 19,1958 Druid Ridge Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b_REGISTRAR'S SIGNATURE John Burns' Sons, Towson, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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INTERVAL BETWEEN ONSET AND DEATH

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, pleas			TO FUNCAL DIRECTOR: Page 3 should be used as a buriol-transit permit. Elle pages 1 and 2 with the registral prior to buriol, crem	
VS	. A	15/	ME(5)

5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 653 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	DEATH	
-		
		Reg. Dist. No.

PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) o. STATE MD b. COUNTY Balto.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAtonsville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 50	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Wayne Nursing Home. Summit & Smithwood Av	d. STREET ADDRESS e 217 Oak Forest Ave	RM?
3. NAME OF First Middle (Type or print) William Haertig	Lost 4. DATE Month Doy Year OF DEATH June 6 1958	8
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. White WIDOWED 1. DIVORCED	April 21. 1881 9. AGE (In years IF UNDER IYEAR IF UNDER 24 April 21. 1881 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 April 21. April	
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100 COVET Self	Pitts • Penn U • S • A •	NTRY?
13. FATHER'S NAME August William Haertig	14. MOTHER'S MAIDEN NAME Martha Andrews	
(Ves no or unknown) I (If use nive war or dates of sension)	rs. Robt. Bragg 217 Oak Forest Ave	
(c) Fracture of	ardiovascular Disease Left Femur Accident	
Fracture corrected by operation	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO NOT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NOT	07
	ausing a fracture of his hip;	
Hour o. m. p. m. May 17, 78 while of work of work Pub	ry, street, office bldg., etc.) Catonsville Balto. Co. Md	
death resulted fram: Natural causes , Accident ; Suici	ve, held an Autapsy 🔲, Inspectian 🛴, Inquiry 📶; and find ide 🔲, Homicide 🔲, Undetermined cause 🔲.	that
SIGNATURE Le Mr Ceffer	_M.D. CHIEF MEDICAL EXAMINER	D
EXAMINER'S NAME (Type) Geo. S. M. Kieffer M. D	ASSISTANT MEDICAL EXAMINER June 5, 1958	
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 6/9/1958 Loudon Park	Baltimore, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Catonsville	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CLUCK	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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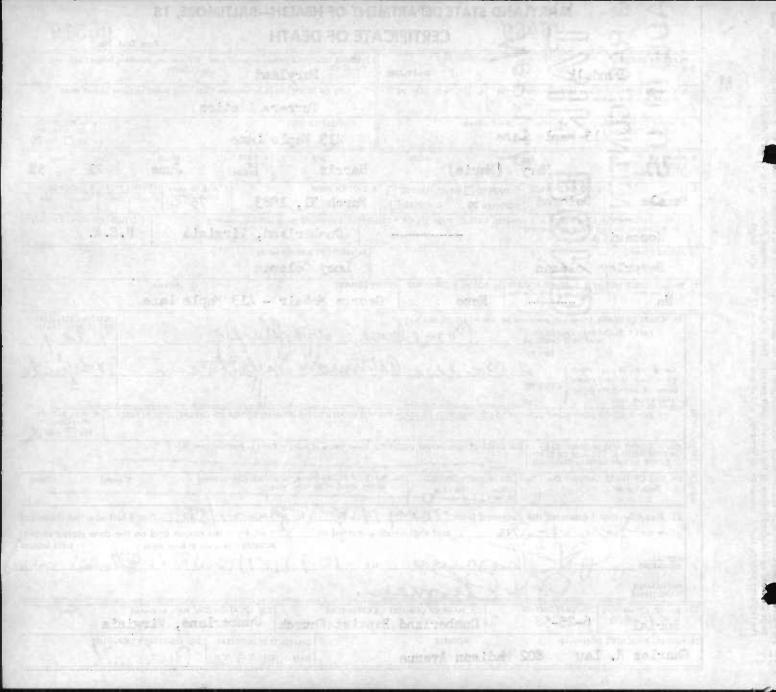
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ofter death. Page o. COUNTY b. COUNTY Dundalk MARYLAND Maryland the funeral should be fil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Turners Station d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 00 413 Maple Lane 413 Maple Lane YES NO DO NAME OF Middle DATE Month Year DECEASED 24 (Marie) Filled Harris Mary June 58 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost bighday)
75 yrs. IF UNDER I YEAR IF UNDER 24 HRS Female Months Days Colored March 31, 1883 DIVORCED T complet WIDOWED M yrs. popers. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Cumberland, Virginia Housewife puo ŏ ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Beverley Coleman Lucy Coleman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No unknown) guip George McNair - 413 Maple Lane None 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] offenc INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) thot DUE TO Ę. Conditions, if ony, which gned gove rise to immediate per **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? hos buriol YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while at work 21. I certify that I attended the deceased fram. __,that I last saw the deceased M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, stoly DATE SIGNED DIRECT ACTUAL P PHYSICIAN'S O HOSPITAL NAME (Type) FUNE 220. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BUT A Specify) 6-25-58 Cumberland, Virginia Cumberland Baptist Church 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Charles R. Law 802 Medison Avenue VS A1S (4) 25 1SM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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0		OR INSTITUTION	TAL (If not in hospital, o			-	d. STREET A 260		MAN STRE	ET		e. IS RES	FARM?
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1	-	WATCHMAKE FATHER'S NAME	IR .	W	atch 17	EPAIR	14. MOTHER'S	IMORE.	MARYLA	ND	U.S	.A.	
1		WILLIAM H	A CT Trom										
	15.	WAS DECEASED EVE	ER IN U. S. ARMED FOR	RCES? 16. 50	OCIAL SECURITY N	O. 17. INF		ARA D.	IEGLEIN	Addres	5		
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			RY Month, Day, Ye		URY OCCURRED	20e. PLAC	E OF INJURY (H	Home, form,	20f. (City or to	own)	(Count	у)	(Stote)
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1		PHYSICIAN'S NAME (Type)	CHIEN WEI I	AN		M.	D. VAH	FORT	HOWARD	MARYL	MD	6-2	25-58
- 7	220	BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREC		22c. NAME OF CEA	AETERY OR	REMATORY		22d. LOCATION			(Stot	e) /
		BURIAL	6-28	5-58	NEU	CAI	hedri	9	DIA	Lling	ore,	1-10	J.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6538 CERTIFICATE OF DEATH

Reg. Dist. No. 06522

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1. PLACE OF DEATH o. COUNTY	D-14:		MARYL		o. STATE			d lived. If institut		ce before o	dmission)
	Baltimore					aryla				timor	
B. CITY OR TOWN	(If autside corporate limit nearest town)	ts, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR	TOWN (If a	outside corp	prote limits, write	RURAL ond	give nearest	town)
	sville		12 vrs.	3	52 0	atons	ville				
	TTAL (If not in hospital, g	ive street			d. STREET		VIIIO			e, 15	S RESIDENCE
OR INSTITUTION					1 .	00 7					ON A FARM?
	408 Locus	st ur	ive			08 Lo	cust	Drive		111	S NO
3. NAME OF DECEASED	Fir	st	Middle		Los	st	4. DATE	Mo	nth	Day	Year
(Type or print)	Alma		В.		Haus	te.	OF DEATH		June	5th.	, 19 58
S. SEX	6. COLOR OR RACE		RIED NEVER MARRIED	□ B. D	ATE OF BIRT			9. AGE (In years			UNDER 24 HRS.
							777	lost birthdoy)	Months		ours Min.
Female	White	WIDOW			Sept. 1			40 yrs			
10o. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPI	LACE (Stote	or foreign	country)	12. CIT	IZEN OF W	HAT COUNTRY
1/	SEWITE	1	DWN HON	NE	Pe	nnsvl	vania		U	. S.	A'.
13. FATHER'S NAME	2211/2		11011	1	4. MOTHER'S	0/					
Manual Name	hda. Daaldaal							at 1 /ai	7.		
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(Yes, no, or unknown)	ER IN U. S. ARMED FOR	ervice	SOCIAL SECURITY NO.	17. INFC	RMANT			Add	iress		
No		1	82-16-5942	Mr.	Franci	s Hau	se 40	8 Locust	Dr. C	atons	ville. N
IR. CAUSE OF DE	ATH [Enter only one co										AL BETWEEN
	ATH WAS CAUSED BY:	0	(0), (0), 0,10 (0).]	22	0. 1	-	-12		11	ONSET	AND DEATH
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E 20a. ACCIDENT W	VAS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter nature o	of injury in	Port I or Pa	rt II of item 18.)			- 45
OR CONTRIBUTIN	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)										
O (III ETITLER, TAOTII							_				
20c. TIME OF INJU				0e. PLACE	OF INJURY I	lHome, farm e blda . etc	, 20f. (Cit	y or town)	(0	County)	(Stote)
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NAME (Type)	100	Ji ,l	1011 1018		·				No.		77
REMOVAL (Specify	ON, 22b. DATE THEREC)F	22c. NAME OF CEMET					TION (City, town,			(Stote)
Removal	6/9/1958	3	Charles B	aber	Cemete	-		ville Scl			. Penna.
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			24a. REC'	D BY REGIS	TRAR 24b. REG	STRAR'S SIC	GNATURE	
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6539 CERTIFICATE OF DEATH

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	1003	Reg. Dist. 140,
	1. PLACE OF DEATH O. COUNTY Battimore - 19 MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY
	b. CITY OB TOWN (If outside corporate limits, write RURAL and give necrest town) The survey of the stay in 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	or institution 2112 Oak. Rd.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) OHN. HEIKK	Lost 4. DATE Month Day Year OF DEATH Sune 9. 195
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	B. DATE OF BIRTH May 1. 1885 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HR: Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TTRY 11. BITHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNT 12. CITIZEN OF WHAT COUNT 13. S. A.
)	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME LLUKNOWW .
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or unknown) (If yes, give wor or dates of service) 213-07-3923	Address Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) REPUBLICANT OUT OF THE PROPERTY	notice Candio Voscedar Interval Between ONSET AND DEATH
	Conditions if now which)	Elisease.
	gove rise to immediate coese (a), stating the under-lying cause lost. (b) DUE TO (c)	
0		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NOT} \) NOT
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from DCF 18:	1957, to June 9: , 1958, that I last saw the decease
3	ACTUAL Koreis n. Holling .	ADDRESS (Street, city or town, store) ADDRESS (Street, city or town, store)
1	PHYSICIAN'S LOUIS N. TOLLIN	Baltimore - 19 - md.
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR BENOVAL (Specify) 6 12 1958 OAK DAL	R CREMATORY 22d. LOCATION (City, town, or county) BALTIMORE COLL IND.
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LICE RESIDENT DESCRIPTIONS DUNC	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral directar, I 2 shauld be filed with moy be retained by the hospital ar ottending physicion.

TO FUNE: COIRECTOR: After this certificate has been signed by the attending physicion and completely filled page 3. If the bedeather the buriol-transit permit. Then please remove corban papers. Pages 1 the registrar prior to buriol, cremation, or removal, and in any event within 72 hays treet death. VS A15 (4) 15M 9/55

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	65		CERT	IFICA	AIE OF L	CAIF	1		Reg. D	ist. No.		1004
1. PLACE OF DEATH o. COUNTY Balti			MAR	rland	o. STATE	yland	ere deceased	lived. If institution b. COUNTY		nce befo ltim		sion)
b. CITY OR TOWN (If o RURAL ond give near Baltimore	est lown)	s, write	c. LENGTH OF STAY	IN 1b	∠ Balti	-	utside corpor	ote limits, write R	URAL ond	give nec	rest tow	n)
d. NAME OF HOSPITAL OR INSTITUTION 5922 Johns	(If not in hospital, gi		ddress)		/ d. STREET A	DDRESS	ake Rd				ON	SIDENCE A FARM? NO [[
3. NAME OF DECEASED	Firs	1	Middle		losi		4. DATE	Mon	th	Da	у	Year
	RY		LLE		ENDERS ON		DEATH	June		16	5	19 58
female v	hite	WIDOWED	7-	0	Oct. 9	1884		9. AGE (In years lost birthdoy) 73 yrs.	Months	Days	Hours	Min.
10o. USUAL OCCUPATION during most of working at home	(Give kind of work d life, even if retired)		IND OF BUSINESS O	OR INDUS		ACE (Stote	or foreign co	untry)	12. C	TIZEN C	F WHAT	COUNTRY?
73. FATHER'S NAME			·		14. MOTHER'S		AME					
William Led	better				unknow	n	1,010					
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If y	U. S. ARMED FORCE	rvice)	ocial security no		rformant Cry Hende	erson		5922 Jöh Baltimor			Rd.	
Conditions, if ony, gave rise to imm cause (o), stoting the lying cause lost. PART II. OTHER	under- DUE TO	DITIONS CO	Lesio no	Lece ATH BUT			-Vasc		Aleen EN IN PA	RT 1(a) 1	5 6 9. WAS	AUTOPSY
PART II. OTHER OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY ME	INDERLYING	20b. DESCI	RIBE HOW INJURY O	CCURRED). (Enter noture of	Finjury in P	ort I or Port	II af item IB.)				NO D
OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)				The state of							
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	20d. IN. While of work	Not while of wark		ACE OF INJURY (Hotory, street, office			or lown)		(County)		(Stote)
21. I certify that alive on	attended the	decease 195	7	death	occurred at/	LOU	ADDRESS (SI	the couses of the course of th	nd on		e state	
PHYSICIAN'S NAME (Type) The	mas E Her	bert.	M.D.		E11:	icott	City,	Md.	· No set also also also also a			
220. BURIAL, CREMATION, REMOVAL (Specify) burial	22b. DATE THEREOF		22c. NAME OF CEM St. Johns	ETERY OF	R CREMATORY			ON (City, town, cott Cit;			(Stot	(e)
23. FUNERAL DIRECTOR'S S	IGNATURE		ADDRESS			24a. REC'1	BY REGIST				E	10 100
F.C. HIGINBOT	HOM Ellie	ott C	ity, Md.			DATE JU	N 9 '5	8 Cele	Less	ich		

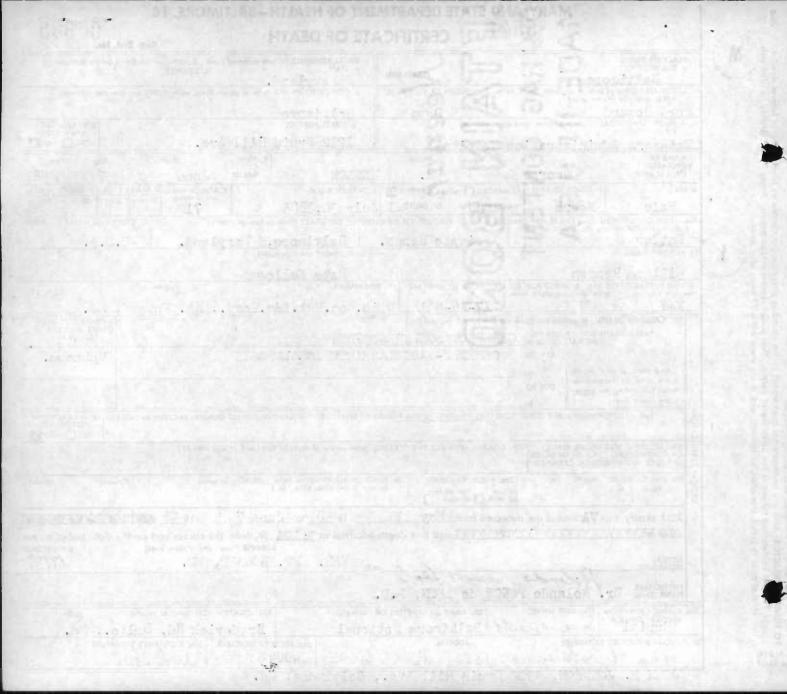
by the funeral director, d 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 DIRECTOR: After this certificate has been signed by the attending physician and campletely filled Then please remove carbon papers. Pages the registrar prior ta burial, cremation, ar removal, and in any event within 72 hours after death. uld be detoched for use as the burial-transit permit. may be retained by the hospital ar attending physician. VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
号	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 06526
V	1. PLACE OF DEATH a. COUNTY Balto MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md b. COUNTY Balto
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
00	Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 103 A Dumbarton Rd. 103 A Dumbarton Rd. 104 STREET ADDRESS 105 A Dumbarton Rd. 106 Provided Broad Rd. 107 A Dumbarton Rd.
	3. NAME OF DECEASED (Type or print) Savah Elizabeth Henthorn DEATH Lune 23 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH SEMPLE WIDOWED DIVORCED May 20, 1883 9. AGE (In years lost birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. 8IRTHPLACE (State or foreign country)
	13. FATHER'S NAME Adam J. Brandau 14. MOTHER'S MAIDEN NAME Johanna Schaal
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT NO. 01 unknown] (If yes, give wor or doles of service) none 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 17. INFORMANT NO. 18. Joseph T. Henthorn - 103 A Dumbarton Rd.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (a), stating the underlying DUE TO
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) While Nat while of work of work of work
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
2	ACTUAL SIGNATURE CONTROLL OF SIGNED DATE SIGNED ACTUAL SIGNATURE CONTROLL
Le I	EXAMINER'S DAYLES F. DONNE DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
le e	Burial 6/26/58 Loudon Park Cem. Balto., Md. 23 ruyteral Director's Signature 240. REGISTRAR'S SIGNATURE
B	JVM. J. JURULU SOUN-DOLLO / DATE VUN 26 '58 Confederal

MARYLAND STATE OCCARÉMENT OF HERSTH-BATTIMORE. TO

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2 shauld be titled with M may be retained by the haspital or attending physician. TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3. To FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3. The registrar priar to burial, crematian, ar remaval, and in any event within 72 havy after death. I

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	654	3	CERTIFIC	ATE OF DEATH		Reg. Di	_	341
1. 1	county Baltimore		MARYLAND	2. USUAL RESIDENCE (Who o. STATSTYLand	ere deceased lived	COLUMN TO	ce before odn	
t	. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside carporote li	mits, write RURAL and	give nearest to	own)
	RURAL and give nearest town Pikesville		20 YRS.	Pikesville				1 22
_	I. NAME OF HOSPITAL (If not in hospitol, give or INSTITUTION 208 Reist		town Rd.	208 Reiste	rstown	Rd.	ON	RESIDENCE N A FARM? NO (2)
-	IAME OF First ECEASED MARGARET		Middle A	HERETICK	4. DATE OF DEATH	Month JUNE 12.	Day	Year 1958
	White w	IDOWE		SEPT 21,188	2 105	75 yrs. Months	1 YEAR IF UN Days Hou	
Oo.	USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired)		KIND OF BUSINESS OR INDI HOME	USTRY 11. BIRTHPLACE (State of Castal		12. CI1	U.S	
3.	JOSEPH HUCIK			JOHANNA		ζ		
5. (Yes	NAS DECEASED EVER IN U. S. ARMED FORCE no. or Justingum)	S? 16. S		INFORMANT RENE HERETIC	K,208 I	Address Reisterst	own RI	D.
CAITOIN	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS	HB	ONIC BRO	ROTIC HEAR YCHIECTAS T NOT RELATED TO THE TERMIN	IS B	ISEASE ILATERAL IDITION GIVEN IN PAR	PER	AS AUTOPSY FORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	art I or Part II of	item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a. st. p. m. 19	While		LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or tov		County)	(Stote)
SOST INTER	21. I certify that I attended the dealive on 14/16 2 ACTUAL SIGNATURE SAMUEL P. S NAME (Type) SAMUEL P. S	CAL	Scalie	h accurred at 4:45	M, fram the DDRESS (Street, c	ity or town, state)	last saw the	pare decease pared above DATE SIGNE
22a	BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (SOCIETY) 6-17-58		ST. CHARLES	OR CREMATORY	22d. LOCATION (City, fown, or county) LLE MD.	(Si	tote)
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06530 6546 CERTIFICATE OF DEATH Reg. Dist. No. director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore filed b. COUNTY MARYLAND Maryland the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard 6h Days Baltimore VO1-4 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 50 OR INSTITUTION 1521 Friendship Street ON A FARM? Veterans Administration Hospital YES NO NAME OF Middle Last 4. DATE Day Month Year DECEASED (Type or print) FRANK 19 58 HOEHN DEATH June 9. AGE (In years 6. COLOR OR RACE 7. MARRIBOT NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours DIVORCED [WIDOWED | May 6. 1896 Male White 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

Guard

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (Stote or foreign country)

Baltimore, Marylar 12. CITIZEN OF WHAT COUNTRY? Baltimore, Maryland U. S. A. ond corbon affer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Frank M. Hoehn Mary Fury move hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes no. or 212-03-9180 Clin. Rec. , Vet. Adm. Hospital. Ft. Howard, Maryland ottending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CEREBRAL THROMBOSTS IMMEDIATE CAUSE (a) 6 WEEKS 60 X **DUE TO** CEREBRAL ARTERIOSCIEROSTS 1 YEAR Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the under-DIABETES MELLITUS 10 YEARS lying cause lost. **burial-transit** Benign Prostatic Hypertrophy.

19. Was autopsy performed? Operation: Supra-retropublic Prostatectomy - 1/30/58 YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature al injury in Part I or Port II af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. m. Not while at work at work ined by the ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL VAH. FORT HOWARD, MARYLAND prid SIGNATURE_ 00 P HOSPITAL PHYSICIAN'S NAME (Type) IRVING FREEMAN, M.D., Chief, Medical Service may be FUNE poge 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) Burial Baltimore National Cem Baltimore. Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57 Henry Sanders and Sons, Inc. North Ave. & Broadway Balto. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

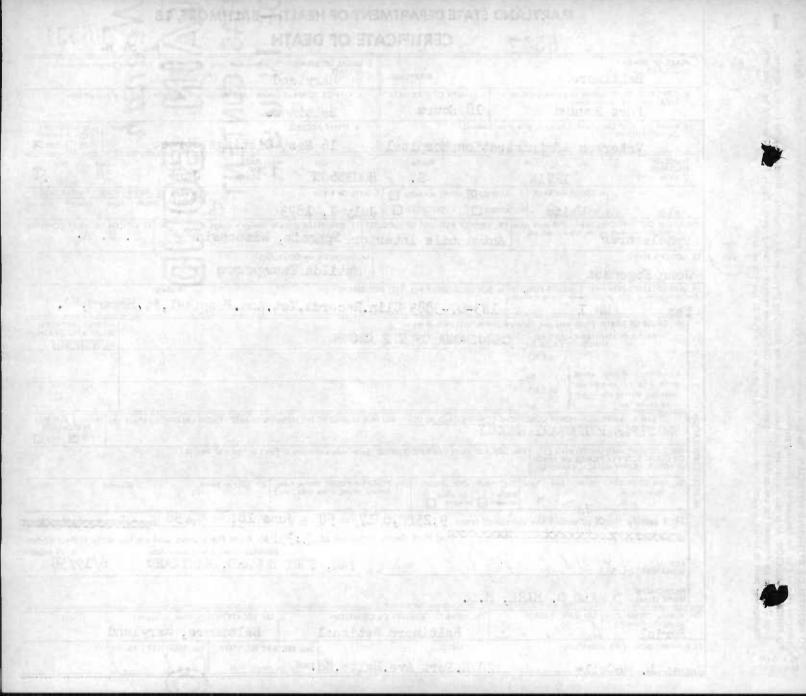
CERTIFICATE OF DEATH

Reg. Dist. No. 06531

	65	47	CERT	IFIC	ATE OF D	PEATH	1		Reg. Dist	No.	1560
1. PLACE OF DEATH	timore		MAR	YLAND	II o. STATE	yland	_	ved. If institution b. COUNTY	on: Residence	before o	admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Fort Howard		c. LENGTH OF STAY	IN 16			outside corporate limits, write RURAL and give nearest tawn)				t town)	
OR INSTITUTION	TAL (If not in hospitol,			+ -7	d. STREET A	DDRESS		gs Stree	-67		IS RESIDENCE ON A FARM? ES NO 2
3. NAME OF DECEASED (Type or print)	erans Admin Fi IRVIN	rst	Middle S.		HOGENSON	1	4. DATE OF DEATH	Mon June		Doy 18	Year 10 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲	8. DATE OF BIRTH	1	9.	AGE (In years last birthday)		YEAR IF	UNDER 24 HRS
Male	White	WIDOW	_	-	July 1,	1893		54 yrs.			
Upholster	ON (Give kind of work rking life, even if retired BY	done 10b.	atomobile	Inte:	rior Eph	raim,	Wiscon	in isin		S. I	WHAT COUNTR
John Hoge	nson				14. MOTHER'S Matild		orgenson	n			
S. WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17.	INFORMANT			Addr	ess		
Yes, no, or unknown)	(If yes, give wor or dates of WW I		83-07-3885	C1:	in.Record	s Vet	L.Adm. He	spital.	Ft. Ho	ward	.Md.
PART I. DE/ 153.0 Conditions, if c gove rise to c cause (o), stoting lying couse lost.	the under-	CA	RCINOMA OF	THE						UNK	AL BETWEEN AND DEATH CNOWN
MULTIPLE	HER SIGNIFICANT CON PULMONARY	EMBO	IAL	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART I	P	WAS AUTOPSY PERFORMED? ES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in I	Port I or Port II	of item 18.)	1		
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Ye	ar 20d. If While of wor	NJURY OCCURRED Not while of work	20e. PL fo	ACE OF INJURY (F ctory, street, office	tome, farm bldg., etc.	20f. (City or	town)	(Co	unty)	(Stote)
21. I certify th	nat% attended the	deceas	ed fram 9:25	PM, 6	/17, 19 58	, la Ju	ne 18,	, 19 58	,theo ore	⊳• Φ ₹ !	1.64646
ACTUAL SIGNATURE	Bull C	Ten	Oll hat	death			ADDRESS (Stree	he causes a t, city or town, MARYLA	itote)	date	stated abay DATE SIGNE L9/58
PHYSICIAN'S NAME (Type)	ONALD D. M.	ARK,	M.D.				~~~~~				
20. BURIAL, CREMATIC REMOVAL (Specify) Burial		58	22c. NAME OF CEM Baltim		R CREMATORY National			N (City, town, o		nd	(Stote)
3. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			24a, REC'I	D 8Y REGISTRAL		TRAR'S SIGN		
	C. 13				D 21 M			0 /	-	1	

TO HOSPITAL OR TO FUNER page 3 VS A15 (4) 1SM 10/57

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4



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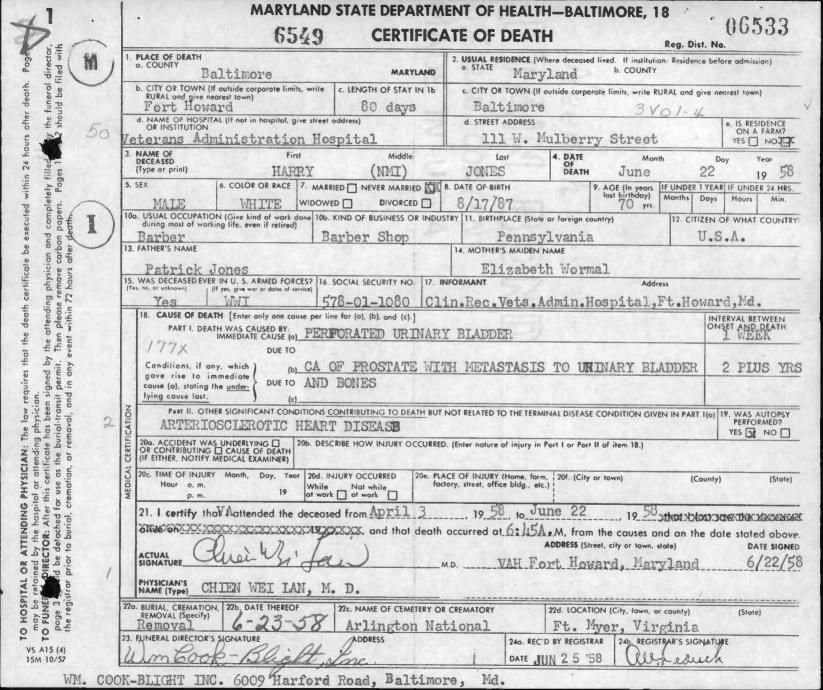
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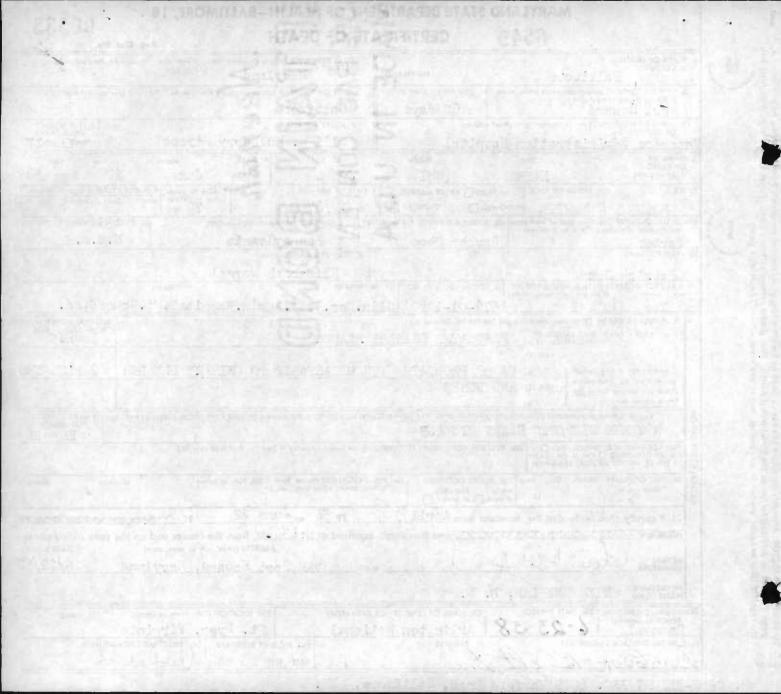
CERTIFICATE OF DEATH

06532

	CERTIFICA	ALE OF BEATT	Reg. D	ist. No.
PLACE OF DEATH O. COUNTY Baltimor	e MARYLAND	2. USUAL RESIDENCE (Where on STATE	deceased lived. If institution: Resider	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	LENGTH OF STAY IN 15	c. CITY OR TOWN/(If outside Battime	e corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Caton Ridge Nur	Sing Home	d. STREET ADDRESS	welton Ave.	e. IS RESIDENCE ON A FARM? YES NO P
NAME OF DECEASED (Type or print)	K. Middle	TA A	DATE Month OF DEATH	Doy Yeor 2 / 1958
Female White WIDOWED	_	8. DATE OF BIRTH Tan. 10, 1873	lost birthdoy) Months	R I YEAR IF UNDER 24 HRS. Doys Hours Min.
a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	At Home	STRY 11. BIRTHPLACE (Stole or for Balto)	reign country) 12. CI	U. S. A.
FATHER'S NAME Conrad S	mith	14. MOTHER'S MAIDEN NAME	visa Weinre	ich
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S(es. no. or unknown) (If yes, give wor or dates of service)	None Mr	S. LOUISO M. 11	Trickson 5611	Investon A
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		failure		INTERVAL BETWEEN ONSET AND DEATH
332X DUE TO Conditions, if ony, which (b)	rebul Il	Lubosis	left.	4 dy .
gove rise to immediate couse (a), stating the under. Lying couse last.	ulius se	lewsis		Cufner
PART II. OTHER SIGNIFICANT CONDITIONS CO	I Bread			RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING A 20b. DESCR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work	Not while fa	ACE OF INJURY (Home, form, 20 ctory, street, office bldg., etc.)	f. (City or town)	County) (State)
21. I certify that I attended the deceased alive on 19 \$	fram. 1	- 45	from the causes and an t	last saw the decease
ACTUAL SIGNATURE COLD SALE	if d.		ESS (Street, city or town, state) Ed marcher and	DATE SIGNE
PHYSICIAN'S CLIFF	RATLIFE	= JR.		*
BURIAL CREMATION, REMOVAL (Specify) TUNE 24.1958	MT. Ca	r CREMATORY 22d.	Baltimor	e Md
FUNERAL DIRECTOR'S SIGNATURE	7401 Below	240. REC'D BY	REGISTRAR 246 REGISTRAR'S SIG	GNATURE

CERTIFICATE OF PEATH, TO STADING	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6550 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville lvr9mthslhdvs Batimore 6 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1829 Ellinwood Road SPRING HOSPITAL YES TO NO TO 3. NAME OF First Middle 4. DATE DECEASED Ethel Justice June 26 (Type or print) DEATH Marv 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED R. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours WIDOWED T DIVORCED [7 Jan. female yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U. S. A. Maryland housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hamilton Taylor Mary Graham 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (1) was give was as distes of service) Records: HOSPITAL SPRING G ROVE STATE 211-24-3176 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO Generalized arteriosclerosis Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Cerebral vascular accident - old YES DO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from Oct. 7 19.57, to June 26, 19.58, that I last saw the deceased __, and that death accurred at 8:40s M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL G ROVE PHYSICIAN'S Bruno Radauskas. M. D. NAME (Type) Catonsville 28, Md. 22b. DATE THEREOF 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Woodlawn Cemetery 6/28/ Baltimore Maryland Buria 4600 Liberty Heights Ave .. S 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

DATE JUN 3 9

VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57

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6551 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 06535

		100			Keg. Dist. 140	J.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	h COU		
	If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	Iside corporate limits, wri	te RURAL ond give ne	earest lown)
RURAL and give n	Perry Hall	Life	X Perry	Hall		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give st	reet oddress)	d. STREET ADDRESS	The Hotel		e. IS RESIDENCE ON A FARM?
	Box 183 Fors	e Rd.	Box 18	3 Forge R	d	YES NO
3. NAME OF DECEASED (Type or print)	First Geo1	Middle	Kahl Jr.	4. DATE OF DEATH	Month D	15, 1958
5. SEX			B. DATE OF BIRTH	9. AGE (In ye		R IF UNDER 24 HRS.
Male	White WID	OWED DIVORCED	Dec. 25, 1887		yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Farmer		Farming	Balto. 0	o. Md.	U	SA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME		
	eorge Kahl		Mar	y Furnkas		
15. WAS DECEASED EVE (Yes. no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	T-2 6 2 5	Address	P. (
No		220-07-9131 M	rs. Barbara Ka	ahl Box 183	Forge Rd.	Fullerton
Conditions, if c gave rise to i cause (o), stating lying couse lost.	mmediate (terio Selero	tu Card	o Vasula	. Clisias e	2 mlo
CATIC		NS CONTRIBUTING TO DEATH BUT				19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item 18.		
20c. TIME OF INJUI Hour o. m. p. m.	- w		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County)	(Stote)
actual signature	at I attended the decident of the second of	9, and that death		M, fram the cause DDRESS (Street, city or to	s and an the do	aw the deceased the stated above DATE SIGNED
220. BURIAL CREMATIC	G. M. Baumgar	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tox	un or county)	(5)-1-1
REMOVAL (Specify) Burial				Fullert		(Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24g. REC'D		EGISTRAR'S SIGNATE	ÍRE

MARYIAND STATE OFFICERTIMENT OF HEALTH-BARTIMORE'T

CERTIFICATE OF DEATH

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06536

1,0043				Reg. Di	st. No.	
1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (W		I. If institution: Resider	nce before admiss	sion)
DALLIMORE CO. Ma.		//١٥.			ALIO	
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)	IGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li	mits, write RURAL and	give nearest town	n)
RURAL, BAINSYILLE CO	UPLEYEAR	3 > BAINS	VILLE			
d. NAME OF HOSPITAL (If not in hospitat, give street address) OR INSTITUTION		d. STREET ADDRESS		TINE THE	e. IS RES	IDENCE
8714 Eddinglow	Road	1/8714E	ddingle	ONROAD		FARM?
3. NAME OF First	Middle	Last	4. DATE	Month	Day	Year
(Type or print) MARV	ELLEN	KAIN	DEATH	DONE	3	1958
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AC		TYEAR IF UND	
FEMALE While WIDOWED &	DIVORCED [JAN. 17. 188.	+	t birthdoy) Months	Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND O	F BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stot	e or foreign country) 12. CI	TIZEN OF WHAT	COUNTRY
during most of working life, even if retired)	HOME	BAIT	141.05	,	11 8	
13. FATHER'S NAME	HOME	14. MOTHER'S MAIDEN	NAME		w 3.	-
7 (7 1/ 1) = -		7 ()	0	11		
JOHN J KILLEN		JULIA	Cusic	K		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes. no. or unknown) (If yes, give wor or dates of service)	SECURITY NO. 17. H	NFORMANT	n -	Address		
No N	o /V.	RSMARIAM	FIGNALA	11087145	claina	CNI
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	1		1 -	INTERVAL BE	
PART I. DEATH WAS CAUSED BY:	Olan	las culeur	1000	dolla	ONSET AND	DEATH
14221 DUE TO	1	0 1		Canada	-	7 7 9
Conditions, if any, which)	12.1.	· Charte	(1)		18	cu 1
gove rise to immediate	MADJE O	Ser your	^	A	10	100
coese (o), stoting the under-	0	Le 1 (0	1	1/2.	100	1
lying couse lost. (c) . (c)	2000	- Jan U	nen	- Carrons		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVEN IN PAR		AUTOPSY RMED?
	2	one	_		YES 🔲	
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED	D. (Enter noture of injury in	Port f or Port II of	item 18.)		1
20c. TIME OF INJURY Month, Day, Year 20d. INJURY C		ACE OF INJURY (Home, for story, street, office bldg., et	m, 20f. (City or to	wn) (0	County)	(Stote)
Hour a.m. While No at work at	of white	/ ^		/		
21. I certify that I attended the deceased from	m May 21	19.55 to	11m 3	10 5 8 4 4 1	less seem the	d
11/1/20 3					last saw the	
alive an 19	, and that/death	accurred at_1_1_1_		causes and an t	A	
ACTUAL OF	· King	C-(1-5)	ADDRESS (Street, o	illy or fown, stole)	RO H	ATE SIGNE
SIGNATURE	- Ma	M.D. 5702	will	1 Ceron	De la	1
PHYSICIAN'S	D.	1			Batt	54114
NAME (TYPE) YOSEPTY F. L.	IRA	7(1)				'/
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N	NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or county)	(Stote	e)
BURIAL JUNE 11958 C	AThedR	41	BALT	MORE	Md	
23. FUNERAL DIRECTOR'S SIGNATURE AL	DORESS	240. REC	D BY REGISTRAR	24b. REGISTRAR'S SIG	GNATURE	
(P)=11500000000000000000000000000000000000	5 Biz 10	ST DATELL	150	Cost.	-	
Mulli Merchant 1000	J. Julian	UAISOL	711 3	I COM STALL	A/4	

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 6553

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1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAN	II O. STATE	Marvla		d lived. If institution b. COUNTY		before o	
b. CITY OR TOWN	(If outside corporate limi	its, write	c. LENGTH OF STAY IN	1b c. CITY			rote limits, write R			
RURAL ond give n							3	VOI	,,	
d. NAME OF HOSPI	nore TAL (If not in hospital, g	ive street	oddress)	d STRE	Golder ET ADDRESS	nnikl	0	V 0 / .	- 44-	S RESIDENCE
OR INSTITUTION					4					ON A FARM?
	Stella Ma			3	tol Ced	1	rst Road		118	ES NO
3. NAME OF DECEASED (Type or print)	Marie	rst	Middle Cecilia	Keen	Lost	4. DATE OF DEATH	June		Doy 18	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED			-	9. AGE (In years	IF UNDER 1	YEAR IF	UNDER 24 HRS
Wawala	White	WIDOW	DIVORCED	5/2	1/1870		lost birthday) 88 yrs.	Months (Days H	ours Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR II			or fareign co		12. CITIZ	ZEN OF W	VHAT COUNTS
during most of wor	rking life, even if retired)	Man.							TIME COUNTY
13. FATHER'S NAME	elgi-	1/	Anim		Maryla			Aı	meric	8
13. PATRIER'S NAME				14. MOTH	ER'S MAIDEN	NAME			1.4	
	amuel Keene		4		Eleanor	ca_Apr	legarth			
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFORMANT		1	Addi	ress		
			none	Stella	, men	is the	cares			
18. CAUSE OF DE	ATH [Enter only one co	use per lin			Λ	1,	^		INTERVA	AL BETWEEN
	ATH WAS CAUSED BY:	ari	to in alon	ti d	Land	nati	C.V.1	DEADA	ONSET	AND DEATH
1120 1	IMMEDIATE CAUSE (writercus	D110 (1	egonv	MILLO	ecivi	ZVIVIZZ	10	1955
400.1	DUE TO	CHI	secular	world	Man	Chr	onio Mi	o hisi	Vis.	
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lying couse lost.		, 3	Milia			1000				
PART II. OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO PEATH	BUT NOT RELATED	TO THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED?
20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Enter natu	re of injury in	Part 1 or Port	II of item 18.)			
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER									
		or 204 th	NJURY OCCURRED 20e	PLACE OF INJU	PV (Home form	205 10:1-	na tawal	10		16
20c. TIME OF INJUIT		While	_ Not while	factory, street, a	ffice bldg., etc	:.) :.)	or lown)	(Co	ounty)	(Stote)
P. m.	19	at wor	k at work			10				
21. I certify, t	hat Lattended the	decease	ed fram 4 IV	57/3 , 190	55, to /	8 4	ALC, 1958	Sthat I lo	ast saw	the decease
alive on /	11/110	19	and that de	ath occurred	at X 1/15	As From	the causes a			
7	7110		on 0	din occorred	or control	ADDRESS (SI	reel_city or town,	atores -	e date i	DATE SIGN
ACTUAL SIGNATURE	Loseph 1	6.6	Muse	V M.D. 2	725	N.	Char	Ves S	k.	
PHYSICIAN'S NAME (Type)	10SEPH	E	MUSEY	R.M.D.	Bas	Clim	ore /	8	Me	f
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREC)F	22c. NAME OF CEMETER	RY OF GREMATOR	Y	22d. LOCAT	ION (City, 1919h, c	or county)	1	(Stote)
Der wal	1 6-20~	8	alkel	al Cesa		6	Dall)		22	4
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240. REC'	D BY REGIST	RAR Ab. REGIS	TRAR'S SIGN	NATURE	
Tallegos	uneral Hors	el -(Esterant &	4. Mes	DATE	F 2 3 '58		0.0	1	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

06538

6480	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BALTIMORE MARYLAND	STATE Md COUNTY BALTIMORE
CITY (If outside corporate fimits, write RURAL LENGTH OF STAY OR end give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL end give nearest town) OR
HOSPITAL OR THORPE 20 YRS.	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS 5633 ASh bayranse Rd	ADDRESS 5633 AShbaurweRd
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) JOHN ALBERT N	ELLV DEATH NUNE 29 1958
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	BIRTH 9. AGE last birthdey IF UNDER 1 YEAR / IF UNDER 24 HRS. Months Days Hours Min.
	20 1894 63 yrs.
done during most of working life, even if retired) MACHINEST That Sustained OR INDUSTRY OR INDUSTRY That Sustained	11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward M. KELLY	(h. Knows)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, po, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS
VES WORLD WAR T 215-03-3085	ELIZABETH KELLY 5633 ASh bournERd
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
153.2 IMMEDIATE CAUSE (A) Walnotar	untrua Jener 7mm
ANTECEDENT CAUSE(S) DUE TO ARRIVE AND	interna 1 to secretica Cake num
DISEASES OR CONDITIONS, IF ANY, (B) WOULD EASTER STATING UNDERLYING CAUSE LAST. DUE TO	The state of the s
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Nome November (p. Per YES NO II-
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	21f. HOW DID INJURY OCCUR?
While Not while at work	an. How bib indokt occok;
22. I hereby certify that I attended the deceased from OCT	, 1957, to June 29, 19.5%, that I last saw the deceased
alive on 11.11.28., 19.58, and that death occurred at	10:45.7M, from the causes and on the date stated above.
SIGNATURE Xquediathy	ADDRESS (Street, city, town, stete) DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	-11+ 1 D.1+' - 111
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE JUL 1 '58 (III. soluch	GEORGE L. SCHWAB FUNERAL HOME
	Barbara M. Schust 210, Fredrick Gre

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CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1.	PLACE OF DEATH a. COUNTY Balt	imore		MARYLAND		Marylan	ased lived. If instituted b. COUNT		ce befor	e admission)
		outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16		VN (If outside o	orporate limits, write	RURAL and	give neo	rest town)
	d. NAME OF HOSPITA	AL OR INSTITUTION (IF	not in hos	pital, give street address)	d. STREET ADDR					. IS RESIDENCE
	Bethlehem	Steel Hosp	ital		415 N.	East Av	e, Balto.	#24 Mc	i	ON A FARM? YES NO
3.	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Mont	h	Day	Year
	(Type or print)	ALBERT		" EDWARD	KLEIN	DEATI	4 6		10	1958
5.	sex Male	7177 * 1	7. MARRIE		1-22-09		9. AGE (In years lost toightday) 4 yrs.	Months D		F UNDER 24 HRS. Hours Min.
100	USUAL OCCUPATION	N Give kind of work de	one 10b. K	IND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE	(State or foreign		12. CITIZ	EN OF	WHAT COUNTRY?
		cal Foreman		teel Plant	Bal	timore	Md	I	J.S.	Α.
13	FATHER'S NAME				14. MOTHER'S MAI					
	Edwa	ard W. K	lein		Mamie	K. Da	vis			
15	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
	no	(If yes, give wor or doles of se	2	16-14-0835 Mrs	s Anna M	. Klei	n 415 N	. Eas	t A	. VO.
ATION	PART I. DEAT LL 20 . / Canditions, if an gave rise to immed (a), stating the ucause last.	inderlying DUE TO (c)_	Co	TOTALLY			ase condition giv	/EN IN PART	ONSET A	PERFORMED?
CERTIFICATION	20a. EXTERNAL CAU PRIMARY ar CON CAUSE OF DEATH.	SE WAS	. DESCRIBE	HOW INJURY OCCUPRED. (En	nter noture of injury	in Part I or Part	II of item 18.)		TE	S NO
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year	While	Nat white at work 200. PLAC	E OF INJURY (Home ry, street, affice bldg	, form, 20f. (C	ity or town)	(Coun	†y)	(Stote)
		at I tack charge fram: Natural co	_	emains described above. Accident [], Suice	M.D. CHIEF MEDIC	- Local	NER 🗆			and find that
220	BURIAL, CREMATION REMOVAL (Specify)	June 14		22c. NAME OF CEMETERY OR C	Cemt		timore.	or county) Marvl	and	(State)
23.	FUNERAL DIRECTOR'S		-	ADDRESS		REC'D BY REGI		STRAR'S SIGN	-77	
	John A.	Moran 30	000 I	E. Baltimore	01	EUN 1 6 '5		esui		

and the same of the same MY . BETTALETALL TE ARTECO S ATMENT some in the ment of the man and the same and the June 14, Tibu ak Late Centr enel vitele , escom is Decil and A mot a some A mot

VS A15 (4) 15M 10/57

ne law requires that the death certificate be executed within 24 haurs after death. Page 4	1	1	
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quires		as been signed by the ottending physician and completely filled by the funeral director,	ial-transit permit. Then please remove carbon papers. Pages 1 was 2 shauld be filled with
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06541

CEDTICICATE OF DEATH

6556	CERTIFICA	ATE OF DEATE		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary		If institution: Residence COUNTY Bal	before admission) timore
b. CITY OR TOWN (If outside carporate limits, write c. RURAL and give nearest town)	LENGTH OF STAY IN 16		utside carparate limi	ts, write RURAL and give	nealest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION) 3915 Overlea Ave.	ress)	d. STREET ADDRESS 3915 Over	lea Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Frederick W. 1	Middle Koenig, Jr	Lost	4. DATE OF DEATH JU	Month une 16.	Doy Year 1958
male white WIDOWED		B. DATE OF BIRTH July 24, 18	83 74	(In years orthday) Months Da	EAR IF UNDER 24 HRS. ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done oring mast of working life, even if retired)	D OF BUSINESS OR INDU	ISTRY 14. BIRTHPLACE (Stote of Mari	or foreign country) yland	12. CITIZE	S.A.
13. FATHER'S NAME Fredrick W. Koen	ig, Sr.	14. MOTHER'S MAIDEN N	a Burke		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give wor or dates of service)	CIAL SECURITY NO. 17.	INFORMANT Valeria R. Ko	penia 39	Address 15 Overle	a Ave.
1B. CAUSE OF DEATH [Enter only one cause per line for PART 1. DEATH WAS CAUSED BY: HAMEDIATE CAUSE (o) DUE TO	hemipo eurysu	thromboni uises; Here aldomin	with manigedan lanter,	left teriorden direction	4 weeks (not brown
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING 20b. DESCRIB		NOT RELATED TO THE TERMIN		ITION GIVEN IN PART 1(1	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 19 While of work		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)) (Cour	nty) (State)
21. I certify that I attended the deceased alive an 140 1958 ACTUAL SIGNATURE	from duy , and that death		M, from the components (street, city	causes and an the	t saw the deceased date stated above. DATE SIGNED
PHYSICIAN'S Charles M.	Kerr	Baltur	in 6	md.	Jul 16, 78
Burial 6/19/58	Lorraine	Park	22d. LOCATION (CI	inore, Ma	(State)
Leonard J. Ruck, Inc.	ADDRESS 305 Harto	rd Rd. DATE JU		REGISTRAR'S SIGNA	Aflere

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

6558	CERTIFICATE	OF	DEATH

Reg. Dist. No. 06543

o. COUNTY BE	altimore		MARYL	AND	2. USUAL RESIDENCE o. STATE Mar	(Where de	eceased li	ved. If institut b. COUNTY		ence befo		sion)
b. CITY OR TOWN (I	outside corporate timit corest town): tonsville	s, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville 28				n)			
d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in hospitol, gi 1912 Alta			1012 Altaria Road					ON A	SIDENCE A FARM?		
3. NAME OF DECEASED (Type or print)	Firs Mar		Middle		Krause	4. D	ATE OF DEATH	Ju		1	5	Yeor 19 ⁵⁸
Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED		DATE OF BIRTH	187		AGE (In years lest birthday) yrs.	IF UNDE Months	R 1 YEAR Days		ER 24 HRS. Min.
0a. USUAL OCCUPATION during most of work	ON (Give kind of work d king life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUST	Bohen		eign coun	itry)	12. C	U.S		COUNTRY?
3. FATHER'S NAME	Unknown				14. MOTHER'S MAID Unkn							
	R IN U. S. ARMED FORG		SOCIAL SECURITY NO.		FORMANT B. Marie K	. Sm:	ith,		ress Altav	vus	Road	d ZONE
3	mmediate DUE TO (c)	DITIONS C	ONTRIBUTING TO DEAT	H BUT N	diovas	enle ERMINAL D	DISEASE C	clise CONDITION GI	asi VEN IN PA	RT 1(o)	PERFO	AUTOPSY DRMED?
	MEDICAL EXAMINER)		CRIBE HOW INJURY OCC				W- 2					
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea 19	7 20d. IN While at wort	Not while	Oe. PLAG	CE OF INJURY (Home, pry, street, office bldg.	form, 20f	f. (City or	town)		(County)		(Stote)
21. I certify the alive on	James	decease _, 19 £.	a mam.	leath o	.b. 7/	ADDRI	Fram 1	t, city or town,	and on	the da	te stat	deceased ed above. ATE SIGNED
PAME (Type) 20. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOI		22c. NAME OF CEMET	ERY OR		122d.		N (City, town,	or county)	0	(Sto	le)
3. FUNERAL DIRECTOR			ADDRESS St. Paul S		24a.	REC'D BY		0	STRAR'S SI	IGNATUI	RE /	

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LAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 LEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 3 FALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Page b. COUNTY files. Heolth, Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) rd of d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7429 Brookwood Road Philadelphia Rd. & Kenwood Avenue YES NO DEX 3. NAME OF Middle DATE Henry Year moy be rel DECEASED 58 JOHN June If ony d HARRY Poge 5 may be re 1 and 2 with the hin 72 hours after of (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED . MEVER MARRIED . 8. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Hours Min. Days Male White WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? be executed within 24 hours ofter depending the 18. Give Poges 1, 2, s Office along with form PM3. Pograniol-transit permit. File pages 1 and remandl, and in any event within 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Kritz, 7429 Brookwood Rd. (It yes, give war or dates of service) (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Hypertensive Cardiovascular Disease. IMMEDIATE CAUSE (a) buriol-tronsit removo DUE TO Conditions, if any, which gove rise to immediate couse y me word "pending" in por chief Medicol Exominer's 3 should be used. DUE TO (o), stating the underlying cremation, couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES O NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. buriol MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while 0. m writing Page of work of work p. m 21. I certify that I took charge of the remains described above, held on Autopsy [x], Inspection . ond in my CTOR: eauses X Suicide | Homicide | opinion death resulted from: Maturol Accident . Undetermined manner MEDICAL OFW DATE SIGNED SIGNATURE 20 HOL 6/13/58 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Paul F. Guerin. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) Show 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 40 Duria ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS. A15ME Hartord DATE 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6560 CERTIFICATE OF DEATH

06545

			R	eg. Dist. No.	P
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Baltimore	MARYLAND	STATE Md.	COUNTY	Balto.	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN TOWSON	LENGTH OF STAY (in this place)	CITY (If outside corporation Town Town	orata limits, write RURAL a	nd give nearest tow	n)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8110 Clyde Bank Ro	d.	STREET ADDRESS 8110	(If rural give) Clyde Bank	Rd.	
3. NAME OF (First) DECEASED (Type or Print) Katie	(Middle)	(Last)	4. DATE (Mor	une 24,	1958 (Yaar)
5. SEX 6. COLOR OR 7. SINGLE, MA WIDOWED, (Spacify)	2010255	OF BIRTH 10,1876	9. AGE last birthday 82	Months Days	IF UNDER 24 HR
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if refired) at home	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	COL	ZEN OF WHAT
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	· ·	
Chhrles Broeker		Minnie	??		
(Yes, no, or unk.) (If Yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & Jacob Lang	8110 Clyde	Bank Rd.	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Coran ar Enterie - Sc	g Gedin Lertie He	ear Dere	ans	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
190. DATE OF OPERATION 196. MAJOR FINDING	GS OF OPERATION				20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF INJURY STREET	oma, farm, factory, it, office bldg., atc.)	21c. WHERE DID INJURY OCCU		(County)	(Stata)
V	No. INJURY OCCURRED While No! while twork et work	216. HOW DID INJURY OCCU	JR ?		
22. I hereby certify that I attended the de alive on 5 19 5 , a SIGNATURE	nd that death occurred a	at	causes and on the cores (Street, city, tow	date stated abo	aw the deceased
23. Burial, cremation, Removal (Specify) Durial June 27,	NAME OF CEMETERY O		Balto. C		(State)
24. REC'D BY REGISTRAR'S SIGNATE	IRE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRE	SS
DATE SUN 3 0 '58 Cll Leduce	h	Ullrich Fime	eral Home. B.	a Ito Me	1 .

SHOW CERTIFICATE OF DEATH

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		With the state of the state of the
Market Present Revenue and Advisor		

5M 9/55

6	656	MEDICAL EXAMINER	S'S CERTIFICAT	E OF DEATH	Reg. Dist. No.
M	PLACE OF DEATH o. COUNTY Balta	MARYLAI	O CTATE	/here deceased lived. If institution b. COUNT	ution: Residence before admission)
de la	b. CITY OR TOWN (If outside corporate li			outside corporate limits, write	RURAL and give nearest town)
		occo. 3-470		mapures	
0.0	Beres	TION (If not in hospital, give street address)	d. STREET ADDRESS	wan mi	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) HARRY	First Middle	Last R LEBER	4. DATE Mont	
		RACE 7. MARRIED NEVER MARRIED	The Control of the Co	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
	mak with			900 st birthday) yrs.	Months Days Hours Min.
(1)	o. USUAL OCCUPATION (Give kind of during most of working life, even if r	f work done 10b. KIND OF BUSINESS OR IND efficied)	USTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
(1)	B. FATHER'S NAME	30000	14. MOTHER'S MAIDEN N	IAME .	
	Chas.	Leber .	Lucy	Bentylor	2
	S. WAS DECEASED EVER IN U. S. ARA	AED FORCES? 16. SOCIAL SECURITY NO. 12	. INFORMANT	Address	
	-zyea mary 1	719-22 215-32-01	o Allen	Liber +	reperet, my
		one couse per line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIATE CA	USE (0) Strt que	wound	in marco	luin & luro.
		UE TO			
	Conditions, if any, which gove rise to immediate cause	(6)	microle.		
	(o), stoting the underlying	UE TO			
	PART II OTHER SIGNIFICAN	(c)	IT NOT RELATED TO THE TERM!	NAI DISEASE CONDITION GIV	VEN IN PART 10110 WAS AUTORSY
0	PART II. OTHER SIGNIFICAN 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Trone.	THO RESIDED TO THE TERM	NACUISCASE CONDITION ON	PERFORMED?
	200. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port	Lor Port II of item 18.)	ILES [] NO R
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Short lime	1 A more made		tanelly,
		day, Yeor 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form	20f. (City or town)	(County) (Slate)
	Hour o m		octory, street, office bldg., etc.	marire	t. Balli. mil
		harge af the remains described a	44	Inspection N	Inquiry X, and find that
		tural causes, Accident,			
	SIGNATURE DE .	Caples	M.D. CHIEF MEDICAL EX	AMINER -	DATE SIGNED
2	EXAMINER'S NAME (Type)	APLES M	ASSISTANT MEDICA TO DEPUTY MEDICAL E	_	6-2-158
i i	o. BURIAL CREMATION, 226. DATE	THEREOF 22c. NAME OF CEMETERY	kat.	22d. LOCATION (City, Iown,	or county) (Stote)
0	REMOVAL (Specify) Burial Jun	e 5/58 Salem Uni	on		k County, Pa.
5)	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'[BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE
'	J.F.Eline &	Sons, Reisterstown	Md. DATE	JN 4 '58 CLU	heduch

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6562MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY BALTI MORE h. COUNTY o. STATE MARYLAND MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 18 HRS. DALTIMORE 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 02 WEST NORTH WILSON 1704 3. NAME OF Middle 4. DATE Month DECEASED /FF (Type or print) GEORGE DEATH IF UNDER TYEAR IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH Months WIDOWED | DIVORCED T 2/yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) UNDRY pe LAUNDRY JOEKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: ULMONARY IMMEDIATE CAUSE (a) **DUE TO** U AMON ALE Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying UBERCULOSIS cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., etc.) Not while 0 0 of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy \(\pi\), Inspection X. Inquiry death resulted from: Natural causes X, Accident . Suicide | Homicide | | Undetermined cause

06547

e. IS RESIDENCE ON A FARM?

YES NO K

Year

Hours

DMSY LEE WIPE

bWKS,

PERFORMED? YES |

, and find that

(State)

NO IZ

(Slole)

INTERVAL BETWEEN ONSET AND DEATH

1958

Min.

VO

28

Davs

Unknown

(County)

ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** STROBEL DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. RURIAL CREMATION 22d (OCAMON (City, town, or county) 0 ADDRESS 23. FUNERAL DIRECTORS SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(S) BATHUN 3 0 5M 9/55

DEPU

the funeral director,

TO FUNER TRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 starts be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6563 **CERTIFICATE OF DEATH**

06548

									Keg. D	131. 140.	
1. PLACE OF DEATH			44.40		usual RESI	DENCE (Wh	ere decease	l lived. If institut		nce befare	odmission)
Baltimore MARYLAND			LAND	Maryl	and			74	2-7-1	nd	
b. CITY OR TOWN (RURAL and give n	If autside corporate limi	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If a	utside corpo	rate limits, write l	RURAL ond	give near	est town)
Ft. H	oward		51 Days		Elkri	.dge			13 x	- 2	
d. NAME OF HOSPIT	TAL (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS				e	. IS RESIDENCE
Vetera	ans Adminis	trati		1.	Box 2	13-A,	Washir	igton Bly	rd.		YES NO
3. NAME OF DECEASED (Type ar print)	PHILIP		Middle D.		LEONAR		4. DATE OF DEATH	June	nth	18	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D B.	DATE OF BIRT	Н		9. AGE (In years	IF UNDER	RIYEAR	F UNDER 24 H
Male	Filipino	WIDOWI	ED DIVORCE	DO	lay 3,	1905		53 birthdoy) yrs.	Manths	Days	Hours Min
during most of wor Janitor	ON (Give kind of work king life, even if retired	3	ept. of Avi		77		-			IZEN OF	WHAT COUN
3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
Dimas Leon	ard				Domi	nga D	iomalo	do			
5. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO					Iress		
Yes, no. or unknown)	(If yes, give wor or dotes of s	ervice)	Unknown	C1:	inical	Recor	ds,Vet	.Adm. Hos		l,Ft.	Howard
5	ony, which mmediate the under- content to th)	CONTRIBUTING TO DEA	ITH BUT NO	OT RELATED TO	O THE TERMII	NAL DISEASI	E CONDITION GIV	VEN IN PAR		. WAS AUTOPS PERFORMED? YES NO [
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter nature o	of injury in P	ort I ar Part	II af item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.	NY Manth, Day, Yes	20d. It While at war	Nat while	20e. PLACE foctor	OF INJURY (y, street, affic	FHame, form, e bldg., etc.	20f. (City	or tawn)	((County)	(Sto
21. I certify th	nat Kattended the	decease	ed fram Apri	L 28	1958	. ta Ju	ne 18	19 5	8 MARK	Joxnors	2 6 2 6 2 6 c
	0000000000				ccurred at				and on t		
SIGNATURE	1-1-		-	M.D	. VAH.	FORT	HOWAR	D, MARYL	AND		6/19/
PHYSICIAN'S NAME (Type) CH	ARIES T F	тсн	M.D.								
20. BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCAT	ION (City, tawn,	or county)		(Stote)
REMOVAL (Specify) Burial	6-20-58		Baltimore						arvla	nd	(5.5.6)
3. FUNERAL DIRECTOR		134	2004 Orle	ans S	treet	24a. REC*D	BY REGIST		STRAR'S SI		
Elroy O.Wil	son,		Baltimore	Mar	vland	DATE	27 158	3 122	Ledie	ch	

(4) 3/57

the same of the sa D. Sancil, W. Let Heavy, L. Carte, Competition of the Charles Colored and the same and the same index and most the William to be written and the description of CALLETEN , OLDER STREET, BARTINES JUNEAU N. D. MONI DE

death. After I

registrar within 72 hours after by the funeral director, the this 2 certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

ING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled TO ATTE AND PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6564 CERTIFICATE OF DEATH

06549

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESI	DENCE (HOME) OF D	ECEASED			
COUNTY Baltimore	MARYLAND	STATE Mary	land COUNTY		1		
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		CITY (If outside corporeta limits, write RURAL end give na.				
OR end give nearest town)	OR	OR					
TOWN Essex	0.00	Town Es	sex				
HOSPITAL OR INSTITUTION OR		STREET	(If rural gi	ve location)			
STREET ADDRESS 511 Myrth Ave.			ll Myrth Ave.				
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mo	onth) (Day)	(Year)		
DECEASED			OF				
(Type or Print) EUGENE		NDSAY	DEATH	June 9,	19 58		
5. SEX 6. COLOR OR 7. SINGLE, M	ARRIED, 8. D	ATE OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS		
Male White (Specify)		t. 17, 1900	57 yrs.	Months Days	Hours Min.		
	KIND OF BUSINESS	11. BIRTHPLACE (Steta or		1 12 CITIZ	EN OF WHAT		
done during most of working life, avan if	OR INDUSTRY			COU	NTRY?		
relired)Plumbing inspector		Maryland		U.	S.A.		
3. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME				
Melvin Lindsay		Annie	Ruff				
5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY N						
(Yes_no, or unk.) (If Yas, give war or delas of sarvica)				277 M			
NO.			zabeth Lindsa				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL	CERTIFICATION			ERVAL BETWEEN		
-	M 100 00	. 0 - 1			SET AND DEATH		
41/ XIMMEDIATE CAUSE (A)	www	y occu	wion	- 0	asy		
ANTECEDENT CAUSE(S) DUE TO)//2	to L	120-I	2	Sud		
DISEASES OR CONDITIONS, IF ANY, (B)	mum	yauc 17	eart		, you		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		+ 9 1.1.	\mathcal{M}	-	7		
DISEASE OR CONDITION CAUSING DEATH.	urren	mour	- / unimi	na:	sys (
198. DATE OF OPERATION 196. MAJOR FINDI	NGS OF OPERATION			2	O. AUTOPSY?		
				YE	S NO		
	(Homa, farm, factory, eet, office bldg., etc.)	21c. WHERE DID INJURY C	CCUR? (City or town)	(County)	(State)		
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY C	CCUR?				
M.	While Not while et work						
	10000	· 66 L-V	1 .0 .5	-1			
22. I hereby certify that I attended the d	1	17	lusine. 4, 19.5.				
	and that death occurr		he causes and on the	date stated abo	ve.		
SHINATURE	. /	12 "	DDRESS (Street, city, to	wn, state)	DATE SIGNED		
(1111) annique	Muc M.D	1241	106 M	4	6/1/15		
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETER	RY OR CREMATORY	LOCATION (City, tox	vn, or county)	(Slate)		
REMOVAL (SPECIFY) Burial June 13.	1958 Zion Ewa	n Tuthonen	Stemmers		,		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA		25. FUNERAL DIRECT					
100 0 0 0 0 0 0 0	UNE			ADDRES			
DATE JUN 1 6 58		Ullrich Fu	neral Home 42]	10 Belair	Road.		

SEE CERTIFICATE OF DEATH

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			Residence of the Park	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 6565 Reg. Dist. No. 6551 director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Maryland Baltimore the funeral a c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Catonsville Halethorpe d. NAME OF HOSPITAL (If not in haspital, give street address), d. STREET ADDRESS . IS RESIDENCE 5743 Edmondson Ave. ON A FARM? 5534 Link Ave. YES NO NAME OF Middle 4. DATE Month Day Year DECFASED Carrie M. Link June 26 (Type or print) DEATH 58 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthdoy) Months Female White July 20.1863 WIDOWED A DIVORCED T papers. YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) deok Own Home Maryland U.S. A. pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Dietz Unknown mave 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No Christian Link 5534 Link Ave. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate per DUE TO coese (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) WAS AUTOPSY PERFORMED? YES NO KA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (State) Hour o. m. factory, street, office bldg., etc.) Not while While of work of work p. m. 21. I certify that I attended the deceased from 19.25 that I last saw the deceased and that death accurred at 1 1 1 2 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Con, town, or county) Burial (Specify) Baltimore, Md Loudon Park 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTBAR'S SIGNATURE

death.

VS A1S (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6470 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. NO 6551

1		PLACE OF DEATH COUNTY BACTO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE D. COUNTY PRITO
1	b	ond give necrest lown) DUNDALK C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
5	5	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NNDALK TRAILER PK - STANSBURY Rd	OUNDALK TRAILER PK- STANSBUIZY YES NO DE
		NAME OF First Middle DECEASED Type or print) ON11 Liv	Crysche 4. Date Month Day Year OF DEATH 6 - 14 - 1958
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED . B. WIDOWED DIVORCED .	DATE OF BIRTH 9. AGE (In years leaf birthday) SEPT; 1926 9. AGE (In years leaf birthday) Months Days Hours Min.
1		USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) AFLDER CONSTRUCTION	CANADA CANADA
)		FATHER'S NAME MERY LIVERNOCHE WAS DECEASED EVER IN U. S. ARMED FORCES? LIA SOCIAL SECURITY NO. 177 IN	ALENANURINE BLAIS
	[Yes	no. er unknown) (Il yes, give war or dates of service) 502 32-9148 CO	RRINE LIVERNOCHE - SAME
			C/US/ON
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. DUE TO DUE TO (b) Averia Scleros DUE TO (c)	Ge Cardiovascular Disease
2	CATION		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Port I or Part II of item 18.)
	MEDICAL		CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
		21. I certify that I taak charge af the remains described above opinion death resulted from: Natural causes Accident	, Suicide , Hamicide , Undetermined manner
2		SIGNATURE SAMINER'S NAME (Type)	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 6
	220	BURIAL CREMATION, 1226. DATE THEREOF 22c. NAME OF GEMETERY OR PROVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) QUESTION BEC
1	23.	FUNERAL DIRECTOR'S SIGNATURE BLOCKEY Dewit	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 5. DATE REFIN 9 0 158

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fund 4 shault forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retailed FUNEX. DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Size or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

MARY UND STATE DEPARTMENT OF BEAUTH OF DEATH

VS A15 (4) 15M 9/55 07

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

					Reg. Dist. N	
(PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryland	here deceased lived. If inst b. COU	titution: Residence be	
1	b. CITY OR TOWN (If outside corporate limits, wi RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wri	ite RURAL and give r	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give son institution 7716 Liberty Ro		7716 Liber	ty Road		e. IS RESIDENCE ON A FARM? YES NOTE
	NAME OF DECEASED (Type or print) Alice M.	von Lossberg	Last	4. DATE OF JUN (3/55	Day Year
	emale W wid	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH Feb. 19,18			AR IF UNDER 24 HRS. s Hours Min.
1	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Own Home	Virginia	or foreign country)	U.S.	A.
18.	FATHER'S NAME William Doggett		14. MOTHER'S MAIDEN I			
	WAS DECEASED EVER IN U. S. ARMED FORCES? s. no, or unknown) (If yes, give wor or dates of service)		s.Henry Wag	ner,7716 L	Address iberty R	load
	18. CAUSE OF DEATH Enter only one cause	P. C. G. MA 1 () 1				
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4443 X DUE TO	CUTE CONG. F.	HEART FAIL	URE T RES	NAK O	TERVAL BETWEEN NSET AND DEATH DAYS VEAR
	PART I. DEATH WAS CAUSED BY:	CUTE CONG. F. BILLIEF FOUR YPERTENSIVE	HEART FAIL MONIARY C.V. DISER	ARE THE EDEMA- PSE XIII	Popiane	NTERVAL BETWEEN NSET AND DEATH DAYS YEARS
ICATION	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LL LL S Conditions, if ony, which gove rise to immediate cose (o), stating the under-	CUTE CONG. P. ALLINE + PUI VY PERTENSIVE	HEART FAIL MAIN BRY COUNTSEASON UT NOT RELATED TO THE TERM	COEMB-	Patrice	NSET AND DEATH DAYS SYEARS
L CERTIFICATION	PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate codes (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION	CUTE CONG. P. ALLINE + PUI VY PERTENSIVE			PELSON IN PART 1(0)	NSET AND DEATH DAYS 19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate code (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Mour a.m.	CUTE CONG. F. ALLIE F FULL DIS CONTRIBUTING TO DEATH BE DESCRIBE HOW INJURY OCCUR. 100. INJURY OCCURRED 200.		Port I or Part II of item 18.	PELSON IN PART 1(0)	NSET AND DEATH DAYS 19. WAS AUTOPSY PERFORMED? YES NO
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under: Iying couse lost. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Venture of the country of th	CUITE CONG. F. ALLINE F FUI DISCONTRIBUTING TO DEATH BI DESCRIBE HOW INJURY OCCUR Od. INJURY OCCURRED Visite Not while to work of	RED. (Enter nature of injury in	Port I or Part II of item 18. 1, 20f. (City or town) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(Count	NSET AND DEATH DAYS 19. WAS AUTOPSY PERFORMED? YES NO (State) saw the decease

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore o. STATE Maryland b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate Dairy with Rukas c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give neared tomptimore Bal timore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? SPARROWS POINT HOSPITAL 5204 Midwood Avenue YES NO NAME OF Middle DATE Month Day Year DECEASED Vance LOVE 1958 6 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours Male White WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mest of working life, even if retired Ship Repair U. S.A. MARY LAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY HOLLOWAY VERNON KIBLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address MRS. BARBARA LOVE 5204 MIDWOOD AVE BALTO. MD. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ocalusi o IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO A 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy \(\pi\). Inspection X, Inquiry A, and find that death resulted from: Natural causes . Accident | Suicide . Hamicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) BURIAI ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

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VS A15 (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3568	CERTIFICATE	OF	DEATH

Reg. Dist. No. 06554

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1.	PLACE OF DEATH O. COUNTY BALTI	MORE		MARYL	AND	USUAL RESIDER O. STATE MARYLA		ere deceased	l lived. If instituti b. COUNTY			hission)
	BALTIM	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	N 16				rote limits, write R	URAL ond g	ive nearest to	wn)
-				6 Mos.	X	BALTI		E 12				
	OR INSTITUTION	AL (If not in hospite), (418 SHEFF	ORD	ROAD	1	d. STREET ADD		EFFOI	RD ROAD		ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	MILDRED		Middle LUETTE		Lost		4. DATE OF DEATH	JUNE		о _{оу} 1958	Year 19
5.	SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8. D	ATE OF BIRTH			9. AGE (In years last birthdoy)	IF UNDER	YEAR IF UN	
	F	W	WIDOWI	ED DIVORCED		AY 2,1	1918		40 yrs.	Months	Doys Hou	rs Min.
100	during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY				ARYLAND	12. CIT	USA	AT COUNTRY?
13.	FATHER'S NAME			11 1101123	14	MOTHER'S M			TITTIMID		UDA	
V	RA	YMOND ARM	ITGE	R					MOESER			
15.	WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFOR		11110	111111	Add	ress		
(14	NO NO	(If yes, give wor or dates of s	5 0	5 3505	MR	GILBER	RT C.	. LUE	ETTE	S	AME	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c).]	.out		bre	ast			INTERVAL ONSET AN	BETWEEN ID DEATH
	170×	DUE TO										1
	Conditions, if o)									V
	gove rise to it couse (o), stoting											
-	lying couse lost.) (c										
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO TH	HE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WA PER YES [FORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Er	nter noture of it	njury in Po	ort I or Port	It of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m, p. m.	Y Month, Day, Ye	20d. It While of wor	Not while	Oe. PLACE (foctory,	OF INJURY (Ho street, office b	me, form, ldg., etc.)	20f. (City	or town)	(C	ounty)	(Stote)
188	21. I certify the alive on	at I attended the	decease.	ed from.	death acc				the causes of reet, city or town,	and on th	e date sta	e deceased ated abave. DATE SIGNED
	SIGNATURE	4_//	u	ara fr.	M.D.		-1-0-	bek	LACOL	7	7-1-5	
	PHYSICIAN'S NAME (Type)			/			J			(
220	BURIAL, CREMATIO	6/28/		PARKWOO		ematory METERY			ON (City, town,			ote)
	FUNERAL DIRECTOR' HENRY SA		NS I	ADDRESS NC BALTI	MORE		40. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIG		

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CONTRACTOR OF THE PARTY OF THE	may be retained by the haspitol or attending physician.	D FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled of by the funeral directa	Bod	the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6569

CERTIFICATE OF DEATH

Rea. Dist. No

						11.09.010	
	1. PLACE OF DEATH o. COUNTY BAL	TIMOR E	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived.	If institution: Residence.	e before admission)
1	b. CITY OR TOWN (If outside corp RURAL and give nearest town)	orote limits, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and gi	ve nearest town)
	PERRY 1441		2/2 74	XTERRY	H9/1		
	d. NAME OF HOSPITAL (If not in I	hospital, give street addres	s) (1	d. STREET ADDRESS		Best 1	e. IS RESIDENCE ON A FARM?
-	9216 Ca	rlisle Ave	٤,	19216	Carleole	1-) allo (YES NO NO
	3. NAME OF DECEASED (Type or print) (V) //	14m J	Hrnes	Lutts	4. DATE OF DEATH	V4Ne	Doy Yeor 19 58
	5. SEX M 6. COLOR C	OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	1904 9. AGE	L AL A A	YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind	of work done 10b. KIND	OF BUSINESS OR INDI	STRY 11 PRTHPLACE (SI	ate or foreign country)	12. CITI.	ZEN OF WHAT COUNTRY?
	Head Custodian	Md. 5	tate Peneter	train Bal	to Md.	4	SA
	13. FATHER'S NAME	7,010	i di Ci e il di e il	M. MOTHER'S MAIDE	N NAME		
	William o	T. Lutts		Co	donia	Sook	
	15. WAS DECEASED EVER IN U. S. AR	MED FORCES? 16. SOCIA	L SECURITY NO. 17.	INFORMANT	1 1 1	Address	
	No	219 -	36-2338	Mes. Gent	rude hutt	o (wife) a	some.
	18. CAUSE OF DEATH [Enter or		(a), (b), and (c).]	- , ,		1	INTERVAL BETWEEN
	PART 1. DEATH WAS CAL	SED BY: CAUSE (o)	aRDIAC	tailure			2 4 kms
	162.1	DUE TO	,			0	
	Conditions, if any, which	(b) 1320	network	r Carcin	oma wi	Th	
	gove rise to immediate (couse (a), stating the under-	DUE TO	D.		t		undet.
	lying couse lost.	(c)	7 Stain		-0340		
3	PART II. OTHER SIGNIFIC.	ANT CONDITIONS CONTR	BUTING TO DEATH BU	NOT RELATED TO THE TE	RMINAL DISEASE CONE	ITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	3 (,)	ingical Dro	1 G By 8xp	locatory Se	たけつらいり	7)	YES NO
	PART 11. OTHER SIGNIFIC 200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EX	F DEATH AMINER)	HOW INJURY OCCURR	D. (Enter noture of injury	in Part I or Part It of it	em 18.)	
	20c. TIME OF INJURY Month, Hour a. jr.			ACE OF INJURY (Home, fictory, street, office bldg.,	arm, 20f. (City or tow	n) (Co	ounty) (State)
	p. m.		Not white to work	order, artes, orrice blog.,	810.7		
ī	21. I certify that I-attend	ded the deceased fro	om. Tel	, 1958, to	5 June	. 19 5 8 that I le	ast saw the deceased
	alive on 4 Jun	e, 1258	_, and that deat	occurred at 6 1	A.M. from the		e date stated above.
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	23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		EC'D BY REGISTRAR	24b. REGISTRAR'S SIGN	NATURE
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66558 CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed , b. COUNTY MARYLAND 8 CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! plnous d MAME OF HOSPITAL (If not in hospital, give street address)
OB INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle 4. DATE Day Yeor DECEASED OF DEATH 19.5 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Doys Months Hours WIDOWED 14 DIVORCED T popers. 100. USUAL OFCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during host of working life, even if retired) mestre 0.5.6. uoq ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 420 DUE TO Conditions, if ony, which permit. gave rise to immediate DUE TO couse (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City ar town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from 24, 1922, that I last saw the deceased , and that death occurred at 7 M. from the causes and an the date stated above. alive on_ ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220-BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify 23. ELINERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b...REGISTRAR'S SIGNATURE VS A15 (4) DATE JUN 2 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ofter of should	Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Mt. Wilson State Hospital A. STREET ADDRESS ON A FARM? YES ON A FARM? YES ON NOW?
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ithin 2 sly fille Poges	DECEASED (Type or print) TRANK CONRAD MARRIED 1958 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Doys Hours Min.
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RECTO be det ior to	ACTUAL SIGNATURE Color Manyland M.D. Mt. Wilson, Maryland
refoin stror pi	PHYSICIAN'S William Newcomer, M.D. Superintendent
HOSPI moy be FUNER poge 3 the regis	220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
VS A15 (4)	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 2 3 '58 ADDRESS DIVIN 2 3 '58 DATE JUN 2 3 '58
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6572

CERTIFICATE OF DEATH

1. PLACE OF DEATH		7 2.7		II a			Neg. Dis		
o. COUNBAL to	0.		MARYLAND	2. USUAL RESIDENCE (o. STATE Maryland	Where decease	d lived. If instituti b. COUNTY Balt	on: Residenc	e before d	idmission)
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				1530 Gale					
3. NAME OF DECEASED (Type or print)	Edward		Middle Adam	Marshall	4. DATE OF DEATH	June		26	Yeor 1958
S. SEX		7- MARRI WIDOWEI	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	0~0	9. AGE (In years lost birthdoy)	7		UNDER 24 HRS
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13. FATHER'S NAME	TE NAME OF			14. MOTHER'S MAIDEN					
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	Marshall EVER IN U. S. ARMED FOR	CES2 14	OCIAL SECURITY NO. 117	Veronica INFORMANT	Brouns	Weiger			
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO. 17.	INFORMANT		Addi	ress		
		12	12-10-724X M	rs. E. Marsh	17 75	30 Galena	p. P.d	Balto	2. 21.
Conditions, if gove rise to couse (o), stoti lying couse lo	immediate DUE TO	, C	se tred	Hyper	len	in .		10	de.
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PHYSICIAN'S NAME (Type)	KINH	14	Jullan.	M.D. 8/3(isle	allre,	Bale	1.21.	le/2
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Western Star Cem.

24,1958

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

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(State)

Md.

Catonsville

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

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1. PLACE OF DEATH Balte were	MARYLAND	o. STATE Md	b. COUNTY SEA	lary's
RURAL and give nearest town) Catonsville			rporate limits, write RURAL and a	ive nearest flown)
d. NAME OF HOSPITAL (If not in hospital, give street odds or INSTITUTION SPRING GR	OVE St. H.	d. STREET ADDRESS	rechautesvill	e. IS RESIDENCE ON A FARM? YES P NO
3. NAME OF DECEASED (Type or print) VIYGERIE	Heudersm	Mattingly 4. DATI	TH June	Day Year 20 1958
Female White WIDOWED	DIVORCED 6	10 /1907	fast birthday) Months	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign Maryland	n country) 12. CITI	US A
13. FATHER'S NAME William Mai	ttingly "	Ada a	ldams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	Tal security 1/0. 1/7. INFOR		Address CCOYOLS	
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (a), (b), and (c).]	ilere.		INTERVAL BETWEEN ONSET AND DEATH
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21. I certify that I attended the deceased alive on 6/20 19 5				ast saw the decease
ACTUAL SIGNATURE SELLA Wachsle	, and that death acc		am the causes and on the (Street, city or town, state) are St. Hosp	e date stated above DATE SIGNED
PHYSICIAN'S STELLA W	ACHSLER		1	/ /
DUPLED (Specify) 276. DATE THEREOF 22 DUPLED (Specify) JULIU 24.58	C. NAME OF CEMETERY OF CRE	MATORY 22d. LOC	ATION (City, Iown, or county)	(Stote)

Md. DATE

JUN 2 4 '58

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNER HIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 started by the detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the registral priar to burial, cremation, or remaval, and in any event within 72 haurs after death.

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6575 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND the funeral should be fin b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) EU d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T NAME OF First Middle 4. DATE Manth Day Year DECEASED (Type or print) DEATH 1958 IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE ON BIRTH AGE (In years 15 last birthday) Manths Min. WIDOWED -DIVORCED [10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) 1110 oug CO carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TOVE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALLINGHE, ID

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06563 CERTIFICATE OF DEATH 6577 Reg. Dist. No. 2. DATE 1. NAME OF DECEASED (Type or Print) OF Richard C. May DEATH death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A Baltimore City, Mar and A. STATE before admission (If not in hospital or institution, give street address or B. FULL NAME OF location HOSPITAL OR (If outside corporate limits, write RURAL and give carefully INSTITUTION timore Manor Road. Glen Arm. Ma D. STREET ADDRESS (If rural, give location) Yrs. Manor c. Length of stay in Baltimore Davs 5. SEX 9. AGE (In years) If Under 1 Year 6. COLOR OR RACE | 7. SINGLE, MARRIED last birthday) Months! Days Hours! Min. WIDOWED, DWORCED (Specify) should widowea 11. HIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired WHAT GOUNTRY? INDUSTRY timore. Maruland pe , 13. FATHER'S NAME prmati len Waite ames A. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO same INTERVAL BETWEEN 18. CAUSE OF DEATH 154X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of the rectum mos (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION PLAINL'H No X im. 21D. TIME (Moath) (Day) (Year) (Hour) OF INURY 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? especially DIRECTOR: WORK 22 I hereby certify that I attended the deceased from May 15 , 1958 to June 27, 19 5, Sthat I last saw the WRITE May 20₁₉58 deceased alive on and that death occurred at 10 a.m., from the causes and on the date stated above. 23A. SIGNATUR 23B. ADDRESS 23c. DATE SIGNED 1001 St. age Paul June 27 24A. BURIAL, CREMA- /24B. DATE TION, REMOVAL (Specify) SE 24D. LOCATION (City, town, or county) correct Baltimore, Maryland Parkwood PLEA emetery DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR eonard J. Ruck 5305 Harford Road.

executed within 24 hours

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6579

CERTIFICATE OF DEATH

06565

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	o. STATE	here deceased				ission)
`	RURAL and give ne	arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		pte limits, write l	RURAL and give	ve nearest ta	wn)
1	d. NAME OF HOSPITA	AL (If not in hospital, give street		d. STREET ADDRESS		ald Pond	1	ON	A FARM?
F	3. NAME OF		14.11						
	DECEASED (Type or print)	MINNIE	A. Me	CNAMARA	OF DEATH				
	5. SEX				75				
	10a. USUAL OCCUPATIO	N (Give kind of work done 10b. ing life, even if retired)				untry)	. 1		
-		ne	at home			ssacnuse	tus.	0.5.	A.
	IJ. FAIHEK S NAME	John McNa	mara	14. MOTHER'S MAIDEN		Kelly			
ľ	15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT			lress		
1	no	ir yas, give wor or object or service)	none M	rs. M. Kates.	3645 (Campfiel	d Road		
	Conditions, if or gove rise to in couse (a), storing it lying couse last. PART II. OTH 20a. ACCIDENT WA' OR CONTRIBUTING	DOINTY Baltimore MARYLAND MAG. b. COUNTY Baltimore IT OR TOWN (If outside corporate limits, write augmentation) Lochearn Lochearn Lochearn ABG. 6 HOSTRIAL (In dat in hospital, give street oddress) John School of the model of the property of the p	+ YKS + YKS S AUTOPSY FORMED?						
	in the second	While	Not while for	ACE OF INJURY (Home, for ctory, street, office bldg., etc	m, 20f. (City (or tawn)	(Co	unty)	(State)
	21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	10-2- 19:	l Colling	M.D. Medical A	ADDRESS (Sind	the causes of th	and on the state)	date sta	pate signed
	220. BURIAL, CREMATION REMOVAL (Specify) Burial				Balti	nore, Mo	or county)	(51	ote)
2	23. EUNERAL DIRECTOR'S	1				AR 245. REGI	STRAR'S SIGN	ILLA	

ATTEMORY TO THE SECTION OF A.T.V. - . COLON CHEMICAL CONTROL CONT the all times of the court of t the transfer of the state of th

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 6580 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY H b. COUNTY Baltimore MARYLAND death. era b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town, P verlea d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION Westwood Avenue haurs Westwood NAME OF Middle 4. DATE Month DECEASED OF within 24 DEATH Pages (Type or print) osenh une 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS campletely lost birthday) Months DIVORCED T WIDOWED | 6 gyrs. papers. ma 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) oud 10 more. 13. FATHER'S NAME physician certificate John Andrew Meise zabeth mave haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO? 17. INFORMANT Address offending 0 death 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Ė Conditions, if ony, which gned gove rise to immediate DUE TO carse (o), stoting the underlying couse lost. burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year foctory, street, office bldg., etc.) o. m. While Not while of work of work p. m. 25, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at M, fram the causes and an the date stated above. 80 ADDRESS (Street, city or town, stote) ACTUAL 80 TO HOSPITAL PHYSICIAN'S NAME (Type) TO FUNER pe BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) may 23. FUNERAL DIRECTOR'S SIGNATURE 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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Days

(County)

e. IS RESIDENCE

ON A FARM?

Yeor

19

Hours

INTERVAL BETWEEN ONSELAND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(State)

YES NO DXX

VS A15 (4)

Section 1	Question !		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06567 Rea. Dist. No.

	Baltimore (If outside corporote limits, write nearest lown) VILLE PITAL (If not in hospitol, give street address) FIROME STATE HOSPITAL First Midd Lenora Elm 6. COLOR OR RACE 7. MARRIED NEVER MAR White WIDOWED DIVORE ILON (Give kind of work done 10b. KIND OF BUSINESS orking life, even-if retired) VIETE LERK V. S. POVE AN ELMS VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N (If yes, give wor or dotes of service) UNKNOWN EATH (Enter only one couse per line for (o), (b), and (c) EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONLY, which immediate give under the couse of the rectum VAS UNDERLYING DIVETO CAPCINOMA Of the rectum VAS UNDERLYING DIVETO CAPCINOMA OF THE TREATMENT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO E CAPCINOMA OF THE TREATMENT OF WHILE OF WAS UNDERLYING DIVETO VAS UNDERLYING DIVETO LONG CAUSE OF DEATH VAS UNDERLYING DIVETO VAS UNDERLYING DIVETO VAS UNDERLYING DIVETO LONG ON THE COUNTY OCCURED VAS UNDERLYING DIVETO VAS UNDERLYING DIVETO VAS UNDERLYING DIVETO VAS UNDERLYING DIVETO LONG DIVETO VAS UNDERLYING DIVETO VAS UNDERLYING DIVETO VAS UNDERLYING DIVETO VAS UNDERLYING DIVETO LONG DIVETO VAS UNDERLYING DIVETO VAS UNDERLYING DIVETO VAS UNDERLYING DIVETO CAPCINOMA OF THE TREATMENT OF WAS UNDERLYING TO EVENT OF WAS UNDERLYING DIVETO CAPCINOMA OF WAS UNDERLYING DIVETO CAPCINOMA OF WAS UNDERLYING DIVETO VAS UNDERLYING DIVETO VAS UNDERLYING DIVETO LONG DIVETO VAS UNDERLYING DIVETO VAS UNDERLYING DIVETO LONG DIVETO AND THE CALLES TO THE TREATMENT OF THE	CERTIF	ICA	TE OF DE		Reg. Dist. No.					
1. PLACE OF DEATH o. COUNTY	Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNT Calvert Devices b. COUNT Calvert C										
b. CITY OR TOWN (If outside corporate limit	ts, write	2 USUAL RESIDENCE (Where deceased lived. It institution. Residence before edission)								
Catons			7mths19	dvs				/	615.	2.	74
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street									
SPRING G	ROME STATE	HOS	SPITAL		2306 1	Ritte	nhouse S	it.			
3. NAME OF DECEASED (Type or print)		st					OF	1		Doy	70
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B. DATE OF BIRTH		9. AG	E (In years		AR IF UN	DER 24 HRS.
female	white	WIDOWE	DIVORCED		July 15	, 188	3 74		Months Days	Haur	s Min.
10a. USUAL OCCUPATION	ON (Give kind of work of	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLAC	E (State of	foreign country)		12. CITIZEN	OF WHA	AT COUNTRY
housew	ife+CLER	KIL	1. S. POVERI	VMI	Mar.	yland			u.	S. I	A.
13. FATHER'S NAME					14. MOTHER'S M	AIDEN NA	ME				
Jeremia	h Elms				E	lizab	eth Gart	rell			
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 10	FORMANT			Addres	33		
(Yes, no. or unknown)	(If yes, give war or dates of se	rvice)	Unknown	Re	ecords:	SPRIN	G GROVE	STAT	E HOS	PITA	Ι.
18. CAUSE OF DEA	ATH [Enter only one co	use per lin	e for (a), (b), and (c),]							JTFPVAL	RETWEEN
	ATH WAS CAUSED BY:								01	NSET AN	D DEATH
422.1		Ga	rdiac fallu	re	due to ar	teric	sclerot	le care	130-		
400.1	DUE TO										
Conditions, if a		va	scular dise	ase	•						
cause (a), stating										14.20	
lying cause last.									3 0		
Z PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE CON	DITION GIVEN	V IN PART 1(o)	19. WA	SAUTOPSY
K (arcinoma of	the	rectum							-	
20a. ACCIDENT W				CURRED	. (Enter nature of in	niury in Pa	rt t ar Port II of i	tem 18.)		1 .45 [1 110 46
PART II. OT	MEDICAL EXAMINER)					, , , , , ,		77-11			
20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Doy, Yea	While	Not while	Oe. PLA	CE OF INJURY (Ho lary, street, affice b	me, farm, ildg., etc.)	20f. (City or tow	/n)	(Count	у)	(State)
21. I certify th	at Lattended the	decease	ed from Oct.	17	19 57	tallan	e 10	1058	that I last	saw th	e docease
	ne (0	10 5	and that a	looth	accurred at //	256	AA famm tha	_, 17,	Indi i idsi	SOM IIII	e decedse
dive on32_5	A .					Al	M, from me	causes an	a on the a		
ACTUAL SIGNATURE	lella	1	Jackst	2/2	A.D. SPRII						DATE SIGNE
PHYSICFAN'S NAME (Type)			M. D.								
BURIAL (Specify)		58	CEDAR	ERY O	CREMATORY	2	SUIT LA	NDs/	WY RY	L AISI	C 13
FUNERAL DIRECTOR	is signature	o. W	ashingto.	7,	10,00	40. REC'D	BY REGISTRAR JN 1 3 '58	24b. MEGISTI	RAPS SIGNAP	URE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6582

CERTIFICATE OF DEATH

06568

000	· · · · · · · · · · · · · · · · · · ·	AIL OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (When	re deceased lived. If institution b. COUNTY	n: Residence before admission)
Baltimore	MARYLAND	Maryla	nd	Baltimore
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town) Glen Arm	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	Iside corporate limits, write RU	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give or institution Long Green Pike	re street oddress)	d. STREET ADDRESS Long Green	Pike	e. IS RESIDENCE ON A FARM? YES NO TO
		"		
NAME OF Eirst DECEASED (Type or print) ELLWOOD	A. ME		4. DATE Mont Of DEATH June 1	Doy Yeor
36 9 379 24	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH May 22, 1884	9. AGE (In years plays birthday) yrs.	Months Days Hours Min.
On USUAL OCCUPATION (Give kind of work doduring most of working life, even if retired) President— retired	Box Machine Mfg.			12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Allen Metz		Emma Leight	on	
S. WAS DECEASED EVER IN U. S. ARMED FORC (Yes. no or unknown) (If yes, give war or dates of ser	(ES? 16. SOCIAL SECURITY NO. 17. I	nformant s. E.A.Metz, G	Addre	
PART 1. DEATH (Enter only one coupant 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). 44 22 DEFINITION OF TO DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (c).	Arterioscharti	e Cardiovasc		INTERVAL BETWEEN ONSET AND DEATH 2 9 5
	OTTIONS CONTRIBUTING TO DEATH BUT			PERFORMED? YES NO
The state of the s	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19 p. m. 19	7 20d. INJURY OCCURRED While Not while of work 1 fo	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the alive on Juke 11		occurred at 10:30 P	M, from the causes a	,that I last saw the decease nd on the date stated abov
ACTUAL SIGNATURE J. Frank S	Supple III		DORESS (Street, city or town, 1)	. 100
PHYSICIAN'S S, Frank S	upples III	100000000000000000000000000000000000000	,	
220. Burial, CREMATION, 22b. DATE THEREOF Burial June 17.1		e crematory 2 copal Cemetery	Long Green,	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE
John Burns! Sons. Town	on. Marvland	DATE STEAM	1 8 '58 000 6	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral director. may be retained by the hospital ar attending physician.

TO FUNE

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 pull be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registror priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY BALTIMORE o. STATE b. COUNTY MARYLAND Md. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore City OLL GATE, (OWINGS MILLS' weeks d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3417 St. Ambrose Ave. Millgate Road YES NO KK NAME OF First Middle Last 4. DATE Year DECEASED MONTALTO (Type or print) AGATHA June 12. 1958 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days female WIDOWED XX DIVORCED T white March 1st. 1875 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Italy Housewife home Ttalv 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mr. Nicholas Abate, 4203 Colonial Rd. PikesvilleMd. no none CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ran DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) 0. 11. While Not while ot work ot work D m 21. I certify that I ottended the deceased from 19. 2 that I last saw the deceased and that death occurred at M. from the causes and on the date stated above. ADDRESS (Street, city or lover stote) ACTUAL Clarence E. McWilliams, M.D. -- Reisterstown & Cherry Rds.Reisterstown, 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) VC REMOVAL (Specify) June 16,1958 Holy Redeemer Cemetery. Baltimore. Md. Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

4611 Park Heights, Balto. Md PATE JUN

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and the contract and an element young safe or out the first of the property with the contract of the contract		
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	eras en som se, house out size, er tra log for a statut place and	Neigh Action

FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please execute that certificate, writing the word "pending" in pending in Item, 18. Give Pages 1, 2, and 3 to the fungal director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reform for your files. TO FUNE. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 51. Soord of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death. 4 shoul

VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 647 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06572

	V A V A			Reg. Dist. 140.
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If in	stitution: Residence before admission)
1	O. COUNTY BALTO.	MARYLAND	o. STATE M d b. COL	INTY BALTO
	o. CITY OR TOWN (If outside corporale limits, write RURAL and give represt town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, w	rite RURAL and give nearest town)
	DUNDALK	LIFE	53 DUNDALK	(22)
1	I. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pilat, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	ATOPSCO KIVER AT. HA.	KBOR MED	102 BALTIMERE	HUF YES NO NO
1	NAME OF DECEASED (Type or print) RICHARD	HENRY MO	NTANARY DEATH	onth / Doy Year 19
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B	DATE OF BIRTH 9. AGE (In year last birthday)	
	MIDOWED	DIVORCED	6/11/- 17 101/10 1-	res. Months Days Hours Min.
	. USUAL OCCUPATION (Give kind of work dane 10b. Kl during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	STUDENT		md	1115.19.
13.	FATHER'S NAME	THE CHARLES	14. MOTHER'S MAIDEN NAME	7.37
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	TANARI SOCIAL SECURITY NO. 17. IN	HELEN DESARRO MA	TENTHNIAR!
IY+	, no, as unknown) [If yes, give war or dates at service)	NENE	OHN J. MONTANAK	1 - 3/9/1/2
	18. CAUSE OF DEATH [Enter only one couse per line f	or (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	HOWNINS		10 min.
	92 7.8 DUE TO			
	Canditions, if any, which) (b)			
	gave rise to immediate cause (a), stating the underlying DUE TO			
	couse last. (c)			
2	PART II, OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
13				YES NO
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	HOW INJURY OCCURRED. (En	ter nature of injury in Part 1 or Part II of item 18.)	
1	CAUSE OF DEATH. Sulte	et de conne	while roumer	ing
13		1 61	E OF INJURY (Home, form, 120f. (City or fown)	(County) (State)
MEDICAL	Haur a. m. While at war		ry, street, office bldg., etc.)	Ra Ito.
1	21. I certify that I taak charge of the re			Inquiry N. and in my
	opinian death resulted from: Natural co			elermined manner
	() 100	4	The state of the s	
	ACTUAL OF STATES	111	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE TO COME	w	ASSISTANT MEDICAL EXAMINER	,
	EXAMINER'S JACK COLL	LINS, MD	DEPUTY MEDICAL EXAMINER	6/16/58
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	12- 1-111 3 -2	vn, ar county) (State)
6	NKIAL PILISO	DACKEU HEA	AT JESUS BALTU.	10, 14
23.	FUNERAL DIRECTOR'S IGNATURE	ADDRESS 0.00	4 1 1 1 1 1 1 1 1 1 1 1	EGISTRAR'S SIGNATURE
41	well stop suche	71 Ruelon	DANUN 1 8 '58 (1)	Ledrich

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69/11/9	A THE WAY INDOOR STORE	March 1988	
AUDIN AND AND AND AND AND AND AND AND AND AN		Mary Carlotter Comments	

by the funeral director, 2 should be filed with

14

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4

may be retained by the hospital or attending physician.

TO FUNE:

DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 yild be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the registrar prior to burial, cremation, ar removal, and in any event within 72 hour, after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6586

CERTIFICATE OF DEATH

06573

Reg. Dist. No.

	PLACE OF DEATH O. COUNTY Baltimore	3		MARYL	AND	2. USUAL RESIDENCE (W) o. STATE Maryland	here decease	b. COUNTY	on: Residence		sion)
	b. CITY OR TOWN (IF RURAL ond give nec Catonsvi	rest fown)	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF o		rote limits, write R		re nearest fow	n)
F	d. NAME OF HOSPITA	L (If not in hospital, g				d. STREET ADDRESS	D.A			ON	SIDENCE A FARM?
-		ove State I				Manor				AE2 IV	NO 🗆
	NAME OF DECEASED (Type or print)	Harry	st	Middle	Mor	rison	4. DATE OF DEATH	June	th .	13° 1	158
5.	Male Male	6. COLOR OR RACE White	7. MARRI	DIVORCED		7-24-81		9. AGE (In years lost birthday) 77 yrs.		YEAR IF UND	ER 24 HRS. Min.
100	. USUAL OCCUPATION	N (Give kind of work	done 10b. K	IND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	or foreign o	ountry)	12. CITIZ	EN OF WHA	COUNTRY
	labo	ng life, even if retired)		Farm		unkno	wn	Pa.		U.S.A	
13.	FATHER'S NAME	7		aru		14. MOTHER'S MAIDEN N					
	3643a - Manuai					2 2 2	???				
15	Mike Morr:		CES2 14 S	OCIAL SECURITY NO.	12 16	Sarah f	* * *	Add			
(Ye		f yes, give war or dates of si	ervice)		1						
1	unknown			none	R	ecords Spr. ne	Grov	e State I	lospita	1	
	PART I. DEAT	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o		e for (o). (b). ond (c).] erosclerot	ic c	ardiovascula	r dise	ase		INTERVAL B	DEATH
	4.2.1	DUE TO									
	Conditions, if on		Gen	eralized a	ther	osclerosis				?	
	gove rise to im cause (o), stoting the										
	lying couse lost.) (c)								
NO	PART II. OTHI	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1	(a) 19. WAS	AUTOPSY
Ě	Dehvdrat	ion. malnu	thiti	on, decubi	tus	ulcers.					NO.
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A					. (Enter nature of injury in	Port I or Par	t II of item 18.)			
		Month, Doy, Yes	While	JURY OCCURRED :	20e. PLA foc	CE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (City	or town)	(Co	unity)	(Stote)
MEDICAL			decease	d from May	22	, 19 58 , to J	une 13	158	,that I la	st saw the	decease
MEDI	21. I certify the	at Lattended the				/ ''/ ''				31 30111 1110	
MEDI	21. I certify the				death	occurred at 2:15	A M from	n the course o	and on the	data stat	ad about
MEDI	21. I certify the alive an Jun		1958		death	accurred at 2:15		n the causes o	and an the	date stat	ed above
MEDI					death MC		ADDRESS (S	n the causes o	and an the	date stat	ed above
MEDI	actual signature Physician's		ne l	and that	death		ADDRESS (S	n the causes o	and an the	date stat	ed above
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) C.	e 13 Elege, Eugene Wat	., 1958 n. C.	and that	me.	Spring Gr	ADDRESS (S	n the causes o	and on the stote) imore	date stat	ed above ATE SIGNED 6/13
	actual signature Physician's NAME (Type) C.	e 13 Elege, Eugene Wat	ne losserman	and that of the state of the st	TERY OR	Spring Gr	ADDRESS (SOVE HO	n the couses of treet, city or town, osp. Balt	and an the state) imore	date stat 0 28, Md	ed above ATE SIGNEE 6/13
220	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) C.	Eugene Wat 4, 22b. DATE THEREO 6-16-5	ne losserman	and that of the state of the st	TERY OR	Spring Gr	ADDRESS (SOVE HO	n the causes of treet, city or town, osp. Balt	and an the state) imore	date state 0 28, Md	ed above ATE SIGNEI . 6/13

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SECULIA

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06574

CERTIFICATE OF DEATH

					Keg. Dis	1. 140.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary	here deceased lived. If institution b. COUNTY		:e before admission)
b. CITY OR TOWN	N (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, writ	le RURAL and g	jive nearest town)
Catons		1mth 5dys	Baltimore		3 VA1.	- 11
d. NAME OF HOS	SPITAL (If not in hospital, give street	address)	d. STREET ADDRESS	· ·	2.01	e. IS RESIDENCE
SPRING		OSPITAL	2601 Madi	son Avenue		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Isador	Middle	Mount	4. DATE OF DEATH Ju	Month ne 26	Day Yeor
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yes		1 YEAR IF UNDER 24 HRS.
male	white widow		April 17, 1		yrs. Manths	Days Hours Min.
during most of v	ATION (Give kind of work done 10b vorking life, even if retired)	. KIND OF BUSINESS OR INDU		ar fareign country)		ZEN OF WHAT COUNTRY
	ed jobber		Europe		U	. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
Unknow	n			Unknown		
15. WAS DECEASED I	EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	INFORMANT	/	Address	
no		Unknown	Records: SPR	ING GROVE S	STATE I	HOSPITAL
18. CAUSE OF I	DEATH [Enter anly one cause per I	ine far (a), (b), and (c).]				INTERVAL BETWEEN
	DEATH WAS CAUSED BY:	Acute coronary	thrombosis			ONSET AND DEATH
11201	IMMEDIATE CAUSE (o)	Acade Colonaly	MITONDODES			
400.	DUE TO					
Conditions, it		Arteriosclerot	ic cardiovasc	ular disease		
gove rise to cause (a), stati	DUETO					
lying couse la		Arterioscleros	is, generaliz	ed and sever	8	
ZOD. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTE	WAS UNDERLYING 20b. DES NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I ar Part II af item 18.)		
20c. TIME OF INJ	n. While	Nat while fa	ACE OF INJURY (Home, form ctary, street, office bldg., etc.	, 20f. (City or town)	(Co	ounty) (State)
21. I certify	that I attended the decease	sed from May 28	19.58 to	June 26 19	58 that 1.1	act can the dese
	June 26	-40				
dive di	19.	20, and that death	occurred at 4			
ACTUAL	9. 4. 0 ()	70.0		ADDRESS (Street, city or to	# 10 m com man	DATE SIGNE
SIGNATURE	vermore j.	7 Clischin am	SPRING	GROVE STATE	HOSPI'	TAL 6-26-5
PHYSICIAN'S NAME (Type)	Gertrude Flei	schmann, M. D.	Catonsvi	lle 28, Mary	land	
220. BURIAL, CREMA	TION, 22b. DATE THEREOE	22c. NAME OF CEMETERY O		22d. LOCATION (City, tow		(State)
BEMOVAL (Spec	6-27-1958		Helsen	Bulk	- 72	(31010)
23. WNERAL DIRECTO		ADDRESS 4	1/0	D BY REGISTRAR 24b. RE	GISTRAR'S SIG	NATURE
taox"	to he	TIDO HILLA	XIVO		/	2
	RUNA ME	··~~ () LUI	DATE III	N 2 7 158 1 0.0	4 A A	. 1.

A CHARLE STATE LIFE AND THE PROPERTY CHARLES & A PERSONAL PROPERTY AND ADDRESS OF THE PARTY A . . . Control of the contro

A CONTRACTOR OF THE PROPERTY O

VS A15 (4)

15M 10/57

		MARYI 658				ENT OF HEALT		TIMORE, 1		ist. No.	66	575
	PLACE OF DEATH o. COUNTY B	altimore		MARYL	AND	2. USUAL RESIDENCE (W. o. STATE	here decease	d lived. If instituti b. COUNTY	on: Resider	nce befo		ion)
	b. CITY OR TOWN RURAL ond give r Catonsvi		ts, write	c. LENGTH OF STAY II		c. CITY OR TOWN (IF			URAL ond	give ned	prest town) v
	d. NAME OF HOSPI OR INSTITUTION SPRING G	ROVE STATE		oddress) SPITAL		d. STREET ADDRESS R. F. I	0. #1					FARM?
3.	NAME OF DECEASED (Type or print)	Fir Magd	alen	Middle		Nalley	4. DATE OF DEATH	Mon Ju	ne 30	Do	*	Yeor 19 58
5.	female	6. COLOR OR RACE white	7. MARR	RIED NEVER MARRIED	_	B. DATE OF BIRTH	L882	9. AGE (In years lost birthday) 76 yrs.	Months		Hours	R 24 HRS. Min.
	housek	rking lite, even it retired	done 10b.	KIND OF BUSINESS OR	INDUS		rland	ountry)		J. S		COUNTR
		seph L. Nal		SOCIAL SECURITY NO.	117 11	Kathryn		Add				
	es, no, or unknown	(If yes, give wor or dates of si	ervice	Unknown		ecords: SPR	ING GI	ROVE STA		HOSP:	ITAL	
	PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	M		a ro	inoma of the	lungs				RVAL BE	
	Conditions, if a gove rise to couse (o), stoting lying couse fost.	the under-		arcinoma of	the	e breast (rem	noved i	in 1953)				
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	'EN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED?
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	D. (Enter noture of injury in	Port I or Por	t II of item 18.)				
3	20c. TIME OF INJUI	RY Month, Doy, Yed	20d. It	VJURY OCCURRED 2	Oe. PLA	ACE OF INJURY Home, for	m. 20f. (City	or town)	- 1	County		(Stote)

Hour foctory, street, office bldg., etc.) o. m While Not while Not while

58 June 30 ., 1958 ,that I last saw the deceased June 21. I certify that I attended the deceased from and that death accurred at 6:30a M, from the causes and on the date stated above. alive on JUNE

ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL GROVE STATE HOSPITAL 6-30-58

PHYSICIAN'S NAME (Type) Catonsville 28, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

July 3, 1958 Mt Olivet Cemetery

Washington D. C.

(Stote)

24 REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gasch's Sons

Hyattsville Maryland.

DATE JUL 2

2

The both

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06576

126

Reg. Dist. No.

658 SERTIFICATE OF DEATH

1		A	
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	course / Stalle /	STATE MD COUNTY Dalto	
	COUNTY MARYLAND CITY (If outside copered limits, write RURAL LENGTH OF STAY	CITY (It outside conforete limits, write RURAL end give neerest town)	
	OR end give nearest fown) (in this place)	OR /7 /	
	TOWN Secretary (FFI)	X TOWN Sano	
	HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS	7
0	STREET ADDRESS	ADDRESS	
	3. NAME OF (First) / (Middle)	/(Lest) 4. DATE (Month) (Dey) (Ye	ear)
	(Type or Print) William E New to	hauser DEATH June 1, 19	ID
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	OF BIRTH 15- 1886 9. AGE lest birthday IF UNDER 1 YEAR IF UNDE	R 24 HRS.
	RACE WIDOWED DIVORCED, Specify)	E 1402 72 yrs. Months Days Hours	Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, feven if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WI	TAF
	done during most of working life feven if OR INDUSTRY retired) OR INDUSTRY	Palto Co USA	7
	13. FATHER'S NAME TO HAM NEWHALISE)	P Many Kussell	
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ANDRESS	. /
	(Yes, no, or unk.) (If Yes, give yer or dates of service)	SAM Neuhouser ELENARM	Md
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BET ONSET AND	
	I DISEASES ON CONDITIONS DIRECTLY LEADING TO DEATH	enctive Hoad to tall and	DEATH
	420,0 IMMEDIATE CAUSE (A) HEHTELOLYGIE	63/186/184/11/9/11/11/12/18	CHI
	DISEASES OR CONDITIONS, IF ANY, (B)	MONARY Edina	r
	GIVING RISE TO THE ABOVE CAUSE		
	STATING UNDERLYING CAUSE LAST. DUE TO ALTERIOSCIA	Aptic Heart Dis 64.	YS.
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
0	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
_	19e, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOF	SY?
	THE MAJOR THOMAS OF OTERATION		0 1
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office_bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stell	(e)
		21f. HOW DID INJURY OCCUR?	
	M. et work at work		
		1 10 11 11 58	
b	22. I hereby certify that I attended the deceased from), 19, to, 19, that I last saw the de	eceased
13	ative on 5/17 19.50 and that death occurred at	t.3. AM, from the causes and on the date stated above.	
10M°	SIGNATURE OF THE	ADDRESS (Street, city, town, stele)	ISNED
	Lastora f. Hunson, o.	1-0KK MD:6	1,158
1-55	23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town) or county)	(Stete)
A15C	-REMOVAL (SPECIFY)	E/2 /1 M	d
	DURIAL JUNE 4-1958 WAUGH'S	Les FIRE MINERAL PROPERTY OF THE PROPERTY OF T	7
VS.	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	- /
14	DATE VIIN 9 '58 LOCK	ICHAS T. EVANSON JON XXXX MARTO	Rd

STATE OF BEATH

JUNE SAID SHARE

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		and the second second second second	

ADDRESS

24a, REC'D BY REGISTRAR

DATE JUN

246 REGISTRAR'S SIGNATURE

death. O HOSPITAL 2 VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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	rear this as	E Selle of Clark		
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the funeral director, should be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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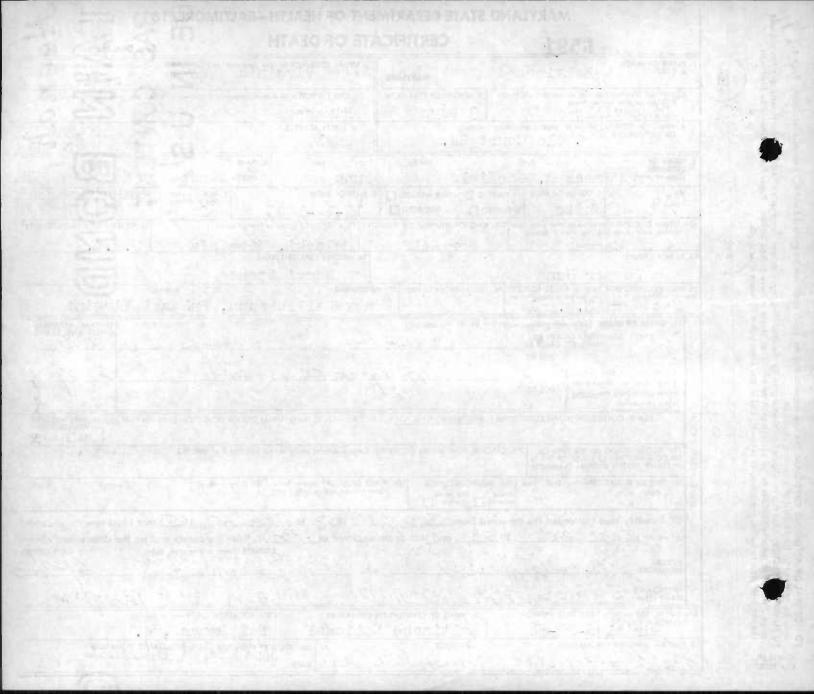
Reg. Dist. No

1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WI a. STATE VITE	here deceased lived. If institut INIA b. COUNTY	ion: Residence be	
RURAL and give	N (If outside corporate limits, write e nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write l	RAL ond give r	nearest town)
Pikes	ville	3 Days	Hiwassee	8	3 X- 3	
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, give street ON 9 Old Cour		d. STREET ADDRESS Rual			e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	James A. Garf		Nunn	4. DATE Mor	25	Day Year
⁵ Male	White Widow	ED DIVORCED	B. DATE OF BIRTH 11-12-189		Months Days	AR IF UNDER 24 HRS. s Hours Min.
10a. USUAL OCCUPA during most of w	ATION (Give kind of work done 10b. vorking life, even if retired)	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
	Farmer	for Self	Pulaski,	Virginia	U.S.	Α.
13. FATHER'S NAME	27		14. MOTHER'S MAIDEN			
1S. WAS DECEASED E	sper Nunn	COCIN SECURITY NO. 127	Naomi		9-	
Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? 16.	N	ancy Nellie		ski Vir	ginia
PART I. D 33/X Conditions, if gove rise to couse (o), stotic lying couse los	ng the <u>under-</u> St. (c)	Cereb	perten.		01	NTERVAL BETWEEN NSET AND DEATH 2 augs 2 -3 years
SO- ACCIDENT	OTHER SIGNIFICANT CONDITIONS OF STREET STREE	CRIBE HOW INJURY OCCURRI			/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	NG CAUSE OF DEATH	CRIBE HOW MOOK! OCCORN	. (Enter holore of injury in	ron ; or ron ii or nem to.;		
20c. TIME OF INJ Hour o. m p. m	m. While	NJURY OCCURRED 20e. Pl Not while k of work	LACE OF INJURY (Home, form actory, street, office bldg., etc.	20f. (City or town)	(Count	(Stote)
21. I certify alive on Ja	that I attended the deceas	ed from June, 2	13/4, 1958, to 7	44e 25, 1957 2.M, from the causes	3, that I last and on the d	saw the deceased
ACTUAL SIGNATURE	auca a. Min	illen do.	M.D. 1331 T	ADDRESS (Street, city or town, R 15 Tex 3 Town, PSV1 1 R-P,		DATE SIGNE
PHYSICIAN'S NAME (Type)	James A.	Miller M.	D. Pis	cesville-d	P. Mai	ryland.
20. BURIAL, CREMAT REMOVAL (Speci BUT 1	[7] C OF FO	Baltimore	National	22d. LOCATION (City, lown, Baltimore	or county)	(Stote)
23. EUNERAL DIRECTO	OR'S SIGNATURE	PADDRESS - OR	24a. REC'	D BY REGISTRAR 246. REGI	STRAT'S SIGNAT	und

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 ived by the haspital or attending physician.

**RECTOR: After this certificate has been signed by the attending physician and campletely filled it be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 control to burial, crematian, or remaval, and in any event within 72 haurs of perception. TO FUNER page 3 si VS A15 (4) 15M 10/57

the registror



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Baltimore

30

Days

(County)

Months

IF UNDER 1 YEAR IF UNDER 24 HRS

U. S. A.

HOSPITAL

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(State)

DATE SIGNED

Hours

12. CITIZEN OF WHAT COUNTRY

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

All the Settled water is	HE OF DEATH	7.4	
	have the production		
A COLUMN TO THE RESERVE OF THE PARTY OF THE			

4		_	
Page	lirector	ed wit	-
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4	may be retained by the hospital or attending physician. TO FUNER ORECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director,	Se Fil	
ofter d	the fur	should	_
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xecute	Comp	pape eath.	1
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O HO	D FUN	page 3 small de detached for use as the burial-transit permit. Then please remove corban papers.	
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VS A15 (4) 15M 9/55

0000				Reg. Dist. No	D.
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where do. STATE	leceased lived. If institution b. COUNT		fore admission)
RURAL and give pearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (If Butside) A Parkv	. 11	RURAL ond give no	earest fown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 9740 Magledt Roa	d	d. STREET ADDRESS 97.40 M	agledt Ro	ad	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mrs. Mary Agn	Middle	O'Donnell	DEATH Ma	ne 2nd,	1958
temale white WIDOWED	DIVORCED	Jeb. 5, 1867	9. AGE (In year last birthday) 91 yr	Months Days	R IF UNDER 24 HRS. Haurs Min.
108. USUAL OCCUPATION (Give kind of wark done 10b. KIND Of during most of warking life, even if retired) Houseunte	BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stole or for Maryland	eign country) [/]	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME Michael Cooney		14. MOTHER'S MAIDEN NAME Bridget Hi	ughes		
15. WAS DECEASEDEVER IN U. S. ARMED FÖRCES? (Yos, no. or unknown) Iff yes, give wor or doles of service)	SECURITY NO. 17.	INFORMANT Liss Blanche L	. O'Donne	ldress U,	same
PART I. DEATH [Enter only one cause per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating lihe under-lying cause last. (c)	sterio	ascular discolic	lemont Hypert ease	lage or	TERVAL BETWEEN NSET AND DEATH AND DEATH AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	Non			IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH	W INJURY OCCURR	ED. (Enter nature of injury in Port I	or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY O While No of work at a first and the second of the	t white fo	LACE OF INJURY (Home, farm, 20 actory, street, office bldg., etc.)	f. (City or lawn)	(County	(Slote)
21. I certify that I attended the deceased from alive on 1958 ACTUAL SIGNATURE PHYSICIAN'S FRANK PHYSICIA	and that deat		from the causes tess (Street, city or town	and on the de	saw the deceased ate stated above DATE signet
REMOVAL (Specify)	AME OF CEMETERY O	or CREMATORY 22d.	LOCATION (City, town Baltimo	or county) re, Mar	yland
23. FUNERAL DIRECTOR'S SIGNATURE AD Leonard J. Ruck 5305 Hard	Pord Road	240. REC'D BY	REGISTRAR , 346. REC	STRAR'S SIGNATI	RE

hours

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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death.

24 hours

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certificate

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6596 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) BALTIMORE CO. b. COUNTY filed MARYLAND MARYLAND BALTIMORE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 70 TEXAS TEXAS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 20 TEXAS NAME OF First Middle 4. DATE last Month DECEASED (Type or print) DEATH WIT.T.TAM PEACOCK JUNE 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months WIDOWED | DIVORCED [MALE 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) BARTENDER -RETIRED MARYLAND pup STORE BAR 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician **UNIONOWN** HINKN OWN remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address bu 72 219-22-2817 Family Records CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICALEXAMINER) 20c. TIME OF INJURY Day, 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY IHome, form, Year 20f. (City or town) factory, street, office bldg., etc.) MEDI Hour O. M While Not while at work p. m. at work 21. I certify that I attended the deceased from that I last saw the deceased alive an and that death accurred at 0= A. M. from the causes and an the date stated above. ADDRESS (Street City or town, state) ACTUAL SIGNATURE 0 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) JUNE 21 958 POPLAR GROVE 10 ADDRESS

e. IS RESIDENCE

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U.S.A

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

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(County)

24b. REGISTRAR'S SIGNATURE

24c. REC'D BY REGISTRAR

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THE RESIDENCE OF THE PROPERTY				

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06585

	659	7	CERTIFIC	ATE OF D	EATH			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	o. STATE	Maryla		l lived. If institution b. COUNTY	on: Reside	4.4	e admiss	
b. CITY OR TOWN (I RURAL ond give ne	outside corporate lim arest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TO		tside corpoi	rote limits, write R	URAL end	give nec	arest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, Armacost			d. STREET ADI		Terra	ace				FARM?
3. NAME OF DECEASED (Type or print)	fi INE		Middle	PEDDICC		4. DATE OF DEATH	Mon Jur	th ne 20	Do		Year 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARR	HED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	.1883		9. AGE (In years lost birthdoy) 7), yrs.	Months Months	Days	Hours Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Housewife	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDI		CE (Stote of	r foreign co	ountry)	12. CI	TIZEN C	OF WHAT	COUNTRY
13. FATHER'S NAME	ox Peregoy			14. MOTHER'S M	AAIDEN NA						
15. WAS DECEASED EVE				INFORMANT			Addi		Terr	ace	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which (t)		Selfer (o), (b), ond (c)) Selfer (o), (b), ond (c)) Selfer (o), (b), ond (c))	al III	no Tac	ne Sio	Laci Ros	cal	INTI	G y	TWEEN PEATH
CATIC			CONTRIBUTING TO DEATH BU					EN IN PA	RT 1(o) 1	FERFO	AUTOPSY RMED?
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of i	injury in Po	ort I or Port	II of item 18.)				
20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. II While of wor	Not while fe	LACE OF INJURY (Ho octory, street, office b		20f. (City	or town)		(County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Check	2.19. Pest	Sand that death	h accurred at &	73	M, fram DORESS (SI	the causes a reet, city or Jown,	ind an stote)		te state	ATE SIGNE
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	6/23/58)r	Lorraine Par	rk Cemeter	У	Wood		ryla		(Stote	•)
23. FUNERAL DIRECTOR	CANEW 9	Son	ADDRESS Balto-17	200	24a. REC'D	BY REGIST 2 4 '58	RAR 246. REGIS	TRAR'S SI	CATU	RE	

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FOR STATE HEALTH DEPT

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and director. Page for your files. Board of Health, O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the functional forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be returned to The Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours after death

TO DEPUTY TO FUNER VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6608 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH Ballinge MARY!	(LAND 0. STATE , b. COUNTY
b. CITY OR TOWN (If outside Exporate limits, write RURAL and give neares) town)	IN 1b c. CITY OR BOWN (If autside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL O'DINSTITUTION Of notin hospital, give street address	e. IS RESIDENCE ON A PARM? YES NO
3. NAME OF DECEASED (Type or print) Sword Valentine	Lost OF A. DATE OF CONTH CONTH CONTH 19
5. SEX Male 6. COLOROR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED [lost birthfloy) Months Days Hours Min
10a. USHAL OCCUPATION (Give kind of wark done 10b. KIND of BUSINESS OR I during most of working like, even if retired)	INDUSTRY 11. BIRTHPLACE Stote or foreign country)
13. FATHER'S DAME Theodore Schnider	- 14. MOTHER'S MAIDENLINAME Traff.
15. WAS DECEMSED EVER IN U. S. ARMED FORCES? (Yes, ball advinings) (If yes, give wor or doles of service)	17. INFORMANT Jordon Forb MC.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse fast. (c)	onary Thrombore's Missand Death ongetitive Failure,
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of injury in Port I or Part II of Item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20 Hour a, m, p, m. 19 While Not while at work at work	Oc. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.)
21. I certify that I toak charge of the remains described apinion death resulted fram: Natural causes 17. Accid	dent, Suicide, Hamicide, Undetermined manner
EXAMINER'S FRANKT. KASIK	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE Christian	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24 REGISTRAR'S SIGNATURE DATE ALLA 26 '58 CULT Educa

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TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6599

CERTIFICATE OF DEATH

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eg.	Dist.	No.				-
Resi	dence	hefore	odm	issie	for	

1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLAN		USUAL RESIDENCE (W o. STATE Maryla		d lived. If institut b. COUNT		more	admission)
RURAL ond give ne	outside corporate limit orest lown) 1te Hall	ts, write c.	LENGTH OF STAY IN	1ь 🔀	c. CITY OR TOWN (IF	outside corpo	prote limits, write	RURAL ond gi	ve neares	I town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g	ive street odd		1	d. STREET ADDRESS Rura					IS RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)		lenry	Middle Purkey		Lost	4. DATE OF DEATH		5-58	Day	Yeor 19
5. SEX male		7. MARRIED	NEVER MARRIED		-26- 189°	3	9. AGE (In years lost birthdoy) 65 yrs	Months [UNDER 24 HRS.
10a. USUAL OCCUPATION during most of work		done 10b. KIN		NDUSTRY	Virgin	or foreign c				WHAT COUNTRY?
13. FATHER'S NAME	Franklin	Dı-	rkey	1.	Lucinda Lucinda	_	ox			
15. WAS DECEASED EVE (Yes. no. or unknown) Yes		CES? 16. SO					Ade	hite	Hall	l, Md.
Conditions, if of gave rise to it couse (a), stating lying cause lost.	the <u>under-</u> DUE TO (c) ER SIGNIFICANT CON	DITIONS CON	terro S					VEN IN PART	ONSET	WAS AUTOPSY PERFORMED?
(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yes	20d. INJU	RY OCCURRED 204 Not while of work	e. PLACE	OF INJURY (Home, for street, office bldg., et	m, 20f. (Cit		(Cc	ounty)	(Stote)
	at I attended the	deceased, 1951		eath ac	curred at H			and an th		the deceased stated abave. DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) REMOVAL	6-6-58	OF 2	2c. NAME OF CEMETER	RY OR CR	EMATORY	_	tion (City, town, und, Va			(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE	ison	ADDRESS 1557/	the	24a. REC	N 6 5	0 11 300	STRAR'S SIGN	NATURE	
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	ysician.	s been signed by the attending physician and campletely filled.	Uransit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	val, and in any event within 72 haurs after death.
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.MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6600 **CERTIFICATE OF DEATH**

	66	00	CERTIFI	CATE	OF DEAT	Н		Reg. Dist.		588
1. PLACE OF DEATH o. COUNTY Baltimo	re		MARYLAN	0.	UAL RESIDENCE (W STATE laryland	here deceased	lived. If institution b. COUNTY	on: Residence b		ssian)
Catonsv	ille		c. LENGTH OF STAY IN	100	city or town (if		ate limits, write R			(n)
d. NAME OF HOSE OR INSTITUTION FORTEST			William Street		37 Fred	erick	Ave.		ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Margaret	E.	Ripley		Lost	4. DATE OF DEATH	Ju		3	Yeor 19 58
s. sex Female	White	WIDOW		10	OF BIRTH 187	5	9. AGE (In years lost birthdoy) 82 yrs.	Months Do		
during most of we At Home	ION (Give kind of work orking life, even if retired	done 10b.	At Home	N	laryland		untry)	12. CITIZEN		TCOUNTR
Henry R		crea la		M	lary Sha					
(Yes no or unknown)	/ER IN U. S. ARMED FOR		The second second	Frede	rick L.	Ripley	7-136 W		Str	eet
Conditions, if gove rise to couse (a), statin lying couse last	g the <u>under-</u> DUE TO	- fa	Lypenoe Disense	ens,	UASE	DROI	#00, 0-VP.	sculpy		
ZOn ACCIDENT V	AS LINDERLYING []	15	CONTRIBUTING TO DEATH					EN IN PART 1(d	19. WAS PERFO YES	ORMED?
(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Yea	r 20d. II While of wor	Not while	e. PLACE OF factory, str	INJURY (Home, formeet, office bldg., etc	n, 20f. (City	or town)	(Coun	ty)	(State
21. I certify alive on	that I attended the	deceas , 19		eath accui	1967, to red at 5 A	M, fram ADDRESS (Str	the causes a	,that I last and an the state)	date stat	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATI	ON, 22b. DATE THEREO	<i>f</i> (Shaw M 22c, NAME OF CEMETER	RY OR CREM	BALL.		ON (City, town, o	or county)	(Sto	101
REMOVAL (Specification) 23. FUNERAL DIRECTO	June 5-	195			emetery		Court R		land	
17.190	Nichhort	-	1300 Euta	w Pla			58 Cu	- edec	CV	

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Reg. Dist. No.

				D.101, 1.101
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (WE o. STATE Md.	nera deceased lived		dence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (IF o	ille	nits, write RURAL on	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) 636 North Bend Road	d. STREET ADDRESS 636 Nor	th Bend	Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Thomas Rooney	Lost	4. DATE OF DEATH	June 19	P, 1958 Year
Male White WIDOWED DIVORCED		903 5	birthday) Manth	S Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk U.S. SOCIAL Section 13. FATHER'S NAME	curity-	Kentuc		S.A.
late Michael J. Rooney	14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT		Address	Apt.
(Yes, no, or unknown) (If yes, give wor or dates of service) M18	s Laura Roo	ney. 280	O Ontar!	
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost. (b) DISERS (b) DISERS (c)	L CAR dis			2 Y ITS +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in f	Port I ar Part II of i	item 1B.)	YES NO 12
20c. TIME OF INJURY Month, Day, Year Hour o. ft. Hour o. ft. p. m. 19 While of work of work 20d. INJURY OCCURRED foot of work 20d. INJURY OCCURRED to the foot work 20d. INJURY OCCURRED f	CE OF INJURY (Home, form tary, street, affice bldg., etc.	20f. (City or tow	rn)	(County) (State)
21. I certify that I attended the deceased from 12 N olive on 6/18, 1938, and that death ACTUAL THAT THAT THE PHYSICIAN'S TAOS E POACH	10. 3629 E	C/19 M, from the ADDRESS (Street, ci	couses ond on ity or town, state)	I lost saw the deceased the dote stated above. DATE SIGNED VE 4/20/3
220. BURIAL, CREMATION, REMOVAL (Specify) Removal (Specify) June 21/58 22c. NAME OF CEMETERY OR St. Thomas				entucky
Witzke Funeral Directors, 4101 Edm	AVE 240. REC'I	D BY REGISTRAR	24b. REGISTRAR'S	Schenge ky

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 ded be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registral prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

y the funeral directar, 2 shauld be filed with

	COUNTY B- 1+ 3000 MARYLAND	o. STATE b. COUNTY	before admission)
I	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR IQWN (If outside corporate limits, write RURAL and give	nearest town)
1	RURAL and give nearest 10 mm)	* Rural-Parkton	2
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS/	e. IS RESIDENCE ON A FARM? YES ON NO
3 1	NAME OF A First Middle	Lost 4. DATE / Month	
1	DECEASED Type or print) Addie B Middle	OSIEY DEATH JUNE	Doy Year 20, 195
5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	11 13 1000 Jost birthday) Months De	YEAR IF UNDER 24 HRS.
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE	N OF WHAT COUNTRY
1	TOUSEWITE Ownhome	Freeland Md. 7	S.A.
13.	Alonathan Baker	14. MOTHER'S MAIDEN NAME	7:0
		INFORMANT Address	914
(Yes	no. of uptnown) If yes, give war or dates of service) 2/9-36007911	Herbert Bosier Farkton	, My
	18. CAUSE OF DEATH [Enter only one couse per line for (a); (b), and (c).]	71 .	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	y Aronosis	one das
	4-0.1 DUE TO 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to a line of line	5.1
	Conditions, If any, which gove rise to immediate (b)	E Cardo Vasculer durisso	· Ully
	couse (o), stoling the <u>under-lying</u> couse lost.		1
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	I T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	(o) 19. WAS AUTOPSY
ATI			PERFORMED?
CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	enty) (Stote)
MEDICA	Hour o. ft. p. m. 19 While Not while fo	ectory, street, office bldg., etc.)	(6.5.5)
	21. I certify that I attended the deceased from Melly	1956, to 6-19 195 8 that I las	st saw the decease
		occurred at // ODP, M, from the causes and an the	
	0 1 101 00	ADDRESS (Street, city or town, state)	DATE/SIGNE
	ACTUAL SIGNATURE SULLS SCHAFTANOFF	motisus treedom, Jork Co. la'	6/21/58
	PHYSICIAN'S LOUIS OCHATANO9-	M.D.	
220	BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
6	Purial Une 23/128/Vew Free	dom Cem, Weur-recdan	1 /7.
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN.	ATURE
خ	racor rarlinglem, few Trilly	m, /a, DATE 188N 25 '58 (18 Leave	114
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TO HOSPITAL OR VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06591

e. IS RESIDENCE ON A FARM?

Doy

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Doys

(County)

YES NO F

Year

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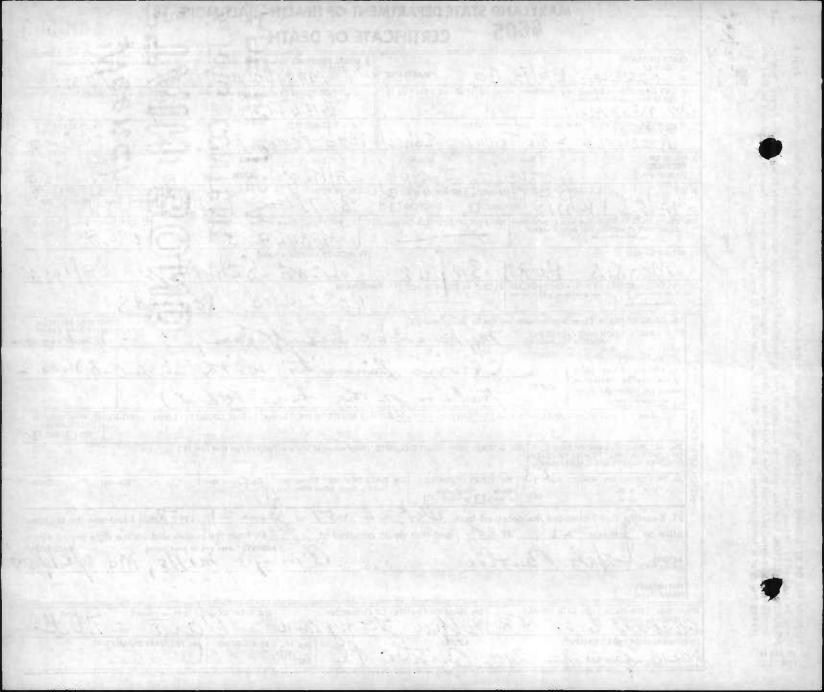
Reg. Dist. No.

Months

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	1. PL	ACE OF DEATH		04	OEKTII IC/	2. USUAL RESIDENCE		d lived If instituti	Reg. Dist. N	
	0.	COUNTY Baltimon	re		MARYLAND	o. STATE Marylan		b. COUNTY		fore odmission)
	b.		(If outside corporate limi	ts, write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN		prote limits, write R	RURAL ond give n	earest town)
		rt Howar	cd		L Days	Baltim	ore	3 V	01-4	
0			ITAL (If not in hospital, gladinistrati			d. STREET ADDRESS		Ave.,		e. IS RESIDENCE ON A FARM? YES NO
	3. N.	ME OF CEASED	Fir		Middle	last	4. DATE	Mor	oth C	Day Year
		pe or print)	Walter		(NMI)	ROTH	DEATH	June		7 19 58
	S. SE	1	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthdoy)		R IF UNDER 24 HRS.
		le	White	WIDOWED [DIVORCED [June 10,189	0	67 yrs.	Months Days	Hours Min.
	10a.	ISUAL OCCUPATI	ION (Give kind of work rking life, even if retired	done 10b, KIND O	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (SE	ote or foreign o	country)	12. CITIZEN	OF WHAT COUNTR
		ontracto			ling.	Baltimo	re. Mar	vland.	U.S.	A .
/		THER'S NAME				14. MOTHER'S MAIDE				
		ohn Will	liam Roth			Elizabet	h Petty			
	15. W	AS DECEASED EV	ER IN U. S. ARMED FOR	ervice) [NFORMANT		Add	ress	
		Yes	WW I	212-12	2-1191 C1	inRec.Vet.A	dm.Hosp	., Ft. H	oward, M	d.
	1	. CAUSE OF DE	ATH [Enter only one co	use per line for (o). (b). ond (c).]				IN	TERVAL BETWEEN
		PART I. DE	ATH WAS CAUSED BY:	CANCE	ER OF THE B	BLADDER			101	Years
		181.0	DUE TO						-	
		Conditions, if	ony, which) (b							
		gove rise to	immediate (
		ying couse lost.								
	CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY
	Y									PERFORMED? YES NO NO
0	0	a. ACCIDENT W	AS UNDERLYING	20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Por	t II of item 18.)		
		K CONTRIBUTION	G I CAUSE OF DEATH I							
	CERTIFI	EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)							
	CERTIFI	c. TIME OF INJU				ACE OF INJURY (Home, f	orm, 20f. (City	or town)	(County) (State)
	L CERTIFI				of while for		orm, 20f. (City	or town)	(County) (State)
	MEDICAL CERTIFI	Hour o. m. p. m.	RY Month, Doy, Yea	While No	ot while towark towark	ACE OF INJURY (Home, for cory, street, office bldg.,	etc.)			
	MEDICAL CERTIFI	Hour o. m. p. m. 1. certify to	RY Month, Doy, Yeo 19 ha NA attended the	while of work of of deceased from	m. April 1	ACE OF INJURY (Home, force), street, office bldg.	June 7	, 19_58	BAKADDIAK	OOK WAS
	MEDICAL CERTIFI	Hour o. m. p. m. 1. certify to	RY Month, Doy, Yeo 19 ha NA attended the	while of work of of deceased from	m. April 1	ACE OF INJURY (Home, for cory, street, office bldg.,	June 7	, 19_58	MANOCIANA and on the de	awika Alakasa ate stated abov
	MEDICAL CERTIFI	Hour o. m. p. m. 1. I certify the	RY Month, Doy, Yeo 19 ha NA attended the	while of work of of deceased from	m. April 11	ACE OF INJURY (Home, totory, street, office bldg., 19_58, to_	June 7 A.M. frai	n the causes of	EXHADDIASKS and on the do	ate stated abov
	MEDICAL CERTIFI	Hour o. m. p. m. 1. I certify the construction of the certify the certify the certify the certify the certify the certify the certification of the certific	RY Month, Doy, Yeo 19 ha NA attended the	while of work of of deceased from	m. April 11	ACE OF INJURY (Home, force), street, office bldg.	June 7 A.M. frai ADDRESS (S	n the causes of	EXHADDIASKS and on the do	awika Alakasa ate stated abov
	MEDICAL CERTIFI	Hour o. m. p. m. 1. I certify the	RY Month, Doy, Yee 19 hatVAattended the	While of work of deceased from	m. April 11	ACE OF INJURY (Home, total street, office bldg., 19_58, to occurred at 322	June 7 A.M. frai ADDRESS (S	n the causes of	EXHADDIASKS and on the do	ate stated abov
1	MEDICAL CERTIFI	C. TIME OF INJUMENT OF THE CONTROL O	RY Month, Doy, Yeo 19 ha NA attended the	While of work of of deceased from	m. April 11 Xand that death	ACE OF INJURY (Home, I ctory, street, office bldg., 19_58, to occurred at 322	June 7 AM, from ADDRESS (S HOWARD	n the causes of treet, city or town,	Miko Diaski and on the do	ovika axxii ote stated abov DATE SIGNE June 7, 1
1	MEDICAL CERTIFI	C. TIME OF INJU Hour o. m. p. m. 1. I certify the continuous of the certify the certify the certify the certify the certify the certify the certification of the certification o	RY Month, Doy, Yee 19 hat Antended the Dr. Garfie	While of work of deceased from	m. April 12 Xand that death IGTON, M.D.	ACE OF INJURY (Home, I ctory, street, office bldg., 19_58, to occurred at 322	June 7 DA M, from ADDRESS (S HOWARD	n the causes of treet, city or town,	and on the do	ovika zazaka ote stated abov DATE SIGNE June 7,1
1	MEDICAL CERTIFI	C. TIME OF INJU Hour o. m. p. m. 1. I certify !! LYEVON CTUAL GNATURE HYSICIAN'S AME (Type) URIAL, CREMATIC	hat Mattended the Dr. Garfie	While of work of of deceased from	m. April 11 Xand that death	ACE OF INJURY (Home, totory, street, office bldg., 19_58, to	June 7 A M, froi ADDRESS (S HOWARD	n the causes of treet, city or town,	and on the do	ovika axxistate above pare significant significant formation of the signif

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH SCOS

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1_		UUU	V.							Keg. Dist	. 140.	
	PLACE OF DEATH COUNTY Balt	imore		MAR	YLAND	2. USUAL RES	land	here deceased	d lived. If institution b. COUNTY	n: Residence	e befare adn	nission)
		If autside carporote lim	its, write	c. LENGTH OF STAY	/ IN 1b	c. CITY OR	TOWN (If	outside corpo	rate limits, write RL	JRAL and gi	ve nearest to	own) /
	RURAL and give no	Howard		19 Days	324	-	imore		3 V		11.	
	d. NAME OF HOSPIT	TAL (If not in hospital, g	give street			d. STREET	ADDRESS				e. 15 1	RESIDENCE
	OR INSTITUTION Veter	rans Admini	strat	tion Hospi	tal	1907	Whee!	ler Av	renue			A FARM?
	NAME OF DECEASED (Type or print)	THEOD		Middle	e	SAUNDER	ost 25	4. DATE OF DEATH	June	h	Doy 25	Year 19 58
5.	SEX			NED NEVER MARR	IED 🗆	B. DATE OF BIR			9. AGE (In years	IF UNDER 1		IDER 24 HRS.
	Male	Colored	WIDOWE			August	12.19	06	lost birthday) 51 yrs.	Months [Days Hou	rs Min.
100	USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS	OR INDU					12. CITIZ	ZEN OF WH	AT COUNTRY?
	Laborer	king life, even if retired	Bı Bı	ilding Co	nstr	etion)	Baltin	more.	Maryland	U.	S. A.	
	FATHER'S NAME					14. MOTHER			3			
1	William H.	Saunders				Pearl	Wrig	ht				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. II	NFORMANT			Addr	ess		
	Yes	WW II	2]	17-07-5222	C	lin.Rec.	,Vet.	Adm. Ho	spital,F	t.Howa	rd, M	d.
	The state of the s	ATH [Enter only one co	ouse per lir	ne for (a), (b), and (c)).]					42	INTERVAL ONSET AN	BETWEEN
		TH WAS CAUSED BY:	CAR	CINOMA OF	STOM	ACH WIT	H META	STASI	S TO PORT	A	1 YEA	
	151X	00000	K HE	PATICUS, I	IVER	, AND A	BDOMIN	IAL WA	LL			
	Canditions, if a		1									
	gave rise to i cause (a), stating					A 10-72						
	lying cause last.) («	:)(:									
ON	PART II. OTH	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	EATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASI	E CONDITION GIVE	N IN PART		S AUTOPSY FORMED?
CAT												NO [
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE). (Enter nature	of injury in I	Part I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye	ar 20d, 1N While at wark	Not while	20e. PL/ foo	CE OF INJURY	(Hame, farm ce bldg., etc.	.) 20f. (City	or town)	(Co	ounty)	(State)
	21 I certify th	at ¥affended the	decease	ed from June		6 , 19 58	3 to Ju	ne 25	19 582	CXXXXXX	XXXXX	XXXXXXX
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
	MANUSANA.	X	A. T. T.	, did illa	ueum	, occorred at			reet, city or town, s		e date sta	DATE SIGNED
	ACTUAL SIGNATURE	Keen Wo	1	an		м.D. <u>V-АН</u>			D, MARYL	100		6/25/5
	PHYSICIAN'S NAME (Type)	CHIEN WEI I	AN, 1	M.D.		.=====						
220	BURIAL, CREMATIO REMOVAL (Specify)	6-30	58	22c. NAME OF CEN Baltimo					imore, M			tate)
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			24a. REC'I	D BY REGIST		TRAR'S SIGN	J.	
R	ayner Sand	ders		217 E. I Baltimo		ton St. Taryland	DATE	वंति व	- B-0-1	C & DULL		
				The Gallie			-	200				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page moy be retained by the haspitol ar attending physician.

TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 should be detached far use as the buriol, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
6609	CERTIFICATE	OF DEATH	Ε

Reg. Dist. No. (16596

41	o. COUNTY		2. USUAL RESIDENCE (Where decease o. STATE		ce before admission)
	Baltimore	MARYLAND	Maryland	6. COUNTY Mont	gomery
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp		give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street	3 mo	d. STREET ADDRESS	chison	X - Va
	orinstitution lewburg Ave.	0001433)		odbine	e. IS RESIDENCE ON → FARM? YES M NO
3		Middle	Lost 4. DATE	Month	Day Year
	(Type or print) ALMEDA	S.	HEFFER DEATH	June 24	
5	SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	0 07220	TYEAR IF UNDER 24 HRS.
	Female White WIDOWE	DIVORCED	Feb. 15, 1872	86 yrs.	Days Hours Min.
-[1	Oa. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign of	ountry) 12. CIT	IZEN OF WHAT COUNTRY?
r L	Housewife	Own home	New Market.	Md.	USA
1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	Oliver P. Snyder		Annie Mar	y Hilton	
1	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, 1	NFORMANT	Address	
1	NO	None	Mrs James Hilto:	n. Woodbine.	Md.
-	18. CAUSE OF DEATH [Enter only one couse per lin			,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	200	0000000		ONSEYAND DEATH
	IMMEDIATE CAUSE (o)	Browany	O COUNTINA		11217
	DUE TO	01 10	6-Sp : 10		110
	Conditions, if ony, which gove rise to immediate	evancee	corpora sera	1051	yean
	cause (o), stoting the under-				
1,	lying couse lost.) (c)				
13	PART II. OTHER SIGNIFICANT CONDITIONS	(m) 1	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1 1(0) 19. WAS AUTOPSY PERFORMED?
	my auguen		- Thrembopkle	lops	YES NO
CEDTICIOATION	20g. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port 1 or Por	t II of item 18.)	
3	20c. TIME OF INJURY Month, Doy, Year 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City	or town) (C	County) (State)
MEDICAL	Hour o. m. p. m. 19 While of work		tory, street, office bldg., etc.)		(4,55.4)
1			10 10 5 70110	2.1.18	
	21. I certify that I attended the decease		10, 1958, 10 Jame		
	alive an J Grane 23 , 195	.e.,, and that death	accurred at 1= P. M. frai		
	ACTUAL Wellerbee :	tool-	MD 6 Dection	treet, city or town, state)	DATE SIGNED
	PHYSICIAN'S Wether be	e Fort			
2	O. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY 224 LOCA	TION (City, town, or county)	154
	Burial June 26,1958	Harmony		Cooksville,	(Stote) Md e
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGIS	TRAR 246. REGISTRAR'S SIG	NAT PRE
	Celin L. Moresunt	h Damascu	DATE SIN 2 7	58 alleteau	ich
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6610

06597

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Baltimo		MARYLAND	2. USUAL RESIDENCE (Vo. STATE		b. COUNTY	on: Residence	before admis	ision)
b. CITY OR TOWN (If RURAL ond give ne Catonsvil	outside corporate limi prest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (1		rote limits, write R	URAL and giv	e nearest low	n)
d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)	d. STREET ADDRESS / 111 Rose	wood A	V0.		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Iva.	st	Middle Carr	Shipley	4. DATE OF DEATH	June		Day	Year 19 58
5. SEX Fema.le	6. COLOR OR RACE White	7. MARR	ED NEVER MARRIED DIVORCED	April 12, 18	88	9. AGE (In years lost birthdoy) 70 yrs.		YEAR IF UND	1
10a. USUAL OCCUPATIO during most of work	N (Give kind af work in life, even if retired	done 10b.	KIND OF BUSINESS OR IND	A.A. CO.		ountry)	12. CITIZI	EN OF WHA	T COUNTRY
13. FATHER'S NAME	Carr			14. MOTHER'S MAIDEN		ner			
15. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FOR It yes, give war or dates of s			INFORMANT	ehland	111 Rose	wood A	ve.	
PART I. DEAL 4443 X Conditions, if on gove rise to in couse (o), stoting the lying couse lost. PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY II.)	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which he under ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH	H (Pa) DITIONS C 20b. DESC	Not while f	ks ago -	Preum in Port I or Part	I II of item 1B.)	(Con	YES _	DEATH
21. I certify the alive an		decease ., 19	on De CEMETERY		ADDRESS (SI	ok Ave.	and an the	date stat	ed above PATE SIGNE FOR 13/33
BURTAL (Specify) 23. FUNERAL DIRECTOR'S	June 16,1	958	Green Mount ADDRESS 100 1900 Eutav	24a. RE		more,	STRAR'S SIGN	M	d •

	ASTMENT OF HEALTH BALTIMORE, IT	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6611

CERTIFICATE OF DEATH

Reg. Dist. No. 06598

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Baltimore MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) ESSEX	54 Baltimore(2/)
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS . IS RESIDENCE
OR INSTITUTION	301 Eastern Blvd.
3. NAME OF DECEASED (Type or print) MARY GO DE	SIADE OF DEATH June 19 Day Year 1958
5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8	8. DATE OF BIRTH J. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
female white WIDOWED DIVORCED	June 30, 1890 Tast birthdoy) Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most af warking life, even if retired) Homemaker own home	Baltimore County, Md U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Sarah A. Tinkler
Stanley Slade 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. IN	SELECT A. LITELET
(Yes, no or unknown) (If yes, give wor or dates of service)	
Ei-	lmer P. Slade, above
18. CAUSE OF DEATH [Enter anly one cause per line (4 (o), (b), and (c).] PART f. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	ry Analmia Interval Between ONSET AND DEATH
153,1 DUE TO	77. 0.0 3
Conditions, if any, which gave rise to immediate (b)	ransverse color 3 yes
couse (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter noture of injury in Part 1 or Part II of item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
Hour o.m. While Not while foot at wark at wark	tory, street, office bldg., etc.)
	10 50
21. I certify that I attended the deceased from	193 to take 19, 192 Sthat I last saw the deceased
alive on	accurred at
-grans	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE ////Danngushe	10 13allo 6 MM 6/19/58
PHYSICIAN'S	
NAME (Type)	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	R CREMATORY 22d, LOCATION (City, town, or county) (State)
REMBUTSTATI 6/23/58 Loudon Parl	R CREMATORY Baltimore, Md. (State)
23-FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
That les costs in the cost of the costs of t	DATUUN 2 3 58
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6481 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) filed o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 99 c. LENGTH OF STAY IN 16 RURAL and give nearest town) shauld d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE Middle DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED papers. comple 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] 1 PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO by Ē ony Conditions, if any, which gned gove rise to immediate be DUE TO casse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour o. m foctory, street, office bldg., etc.) While Not while of work of work UNE 1958, that I last saw the deceased 21. I certify that I attended the deceased fram that death accurred at 2 My M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL pri P PHYSICIAN'S NAME (Type) FUNE n 220. BURIAL CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, county) REMOVAL (Specify) 0 240 REC DEL REGISTRAR 746. REGISTRAR'S SIGNATURE VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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(County)

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Bal	to.		MARYLAND		JAL RESIDENCE (VETATE Md.	Vhere decease	b. COUNTY	-	alto		sian)
RURAL and give		ls, write	c. LENGTH OF STAY IN 16	c.	Arbut		orote limits, write R	URAL and	give ne	arest tawr	n)
			oddress)	d.	STREET ADDRESS		Terrace				SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fire C •	ot	Middle HERBERT	SMI	Lost CH	4. DATE OF DEATH	Mon Jur		5,0	оу	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE	OF BIRTH	92	9. AGE (In years lost bigthday) 65 yrs.	Months Months		Haurs	ER 24 HRS. Min.
100. USUAL OCCUPATI during most of wo Salesman	ION (Give kind of work or rking life, even if retired)	ione 10b.	Paint	DUSTRY 11	BIRTHPLACE (Stot	le or foreign o	country)	12. CI	ITIZEN C	OF WHAT	COUNTRY
13. FATHER'S NAME			202.00	14. A	OTHER'S MAIDEN	NAME					
George Smi	th				Minni	e Clin	e				
	ER IN U. S. ARMED FORE (If yes, give wor or dotes of se World War		SOCIAL SECURITY NO. 17.	Mrs.			Add	eeds	Ave.		
Conditions, if a gave rise to couse (o), storing lying couse lost.	the under-		Jener.	al	Jed Jed	che	rose P. C.V	0		60	<i>7</i> 0.
ICATIC		Me	CRIBE HOW INJURY OCCUR			MINAL DISEAS		EN IN PA	RT 1(o)	PERFO YES	PRMED?
OR CONTRIBUTING	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OCCUR	KED. (Enier	nature of injury in	rom for ro	rr it ar item to.)				
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Doy, Yea	20d. It While at work	Not while	PLACE OF factory, str	INJURY (Home, far eet, office bldg., e	rm, 20f. (Cit	y or tawn)		(County))	(State)
actual signature	hat I attended the	deceas 0 19	58 and that dea	th occur	19.55, to_	Z_M, fra	m the causes of treet, city or town,	ind an		ate state	
220. BURIAL, ERPMATIC REMOVAL (Specify Burial	ON, 226. DATE THEREO	F	22c. NAME OF CEMETERY			22d. LOCA	TION (City, town, or Balto,)			(Stot	e)
23. FUNERAL DIRECTOR	R'S SPONATURE	221	ADDRESS BA	oto		C'D BY REGIS	TRAR 246. REGIS	TRAR'S S	1	RE	

VS A15 (4) 15M 9/SS



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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		0010			Ke	eg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (Wo. STATE Maryla	here deceased lived. If institution: Industry	Residence before odmission) Carroll
	b. CITY OR TOWN (If outside cor RURAL and give nearest town) Fort Howard	parate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carparate limits, write RURA	L and give nearest tawn)
	d. NAME OF HOSPITAL (If not in OR INSTITUTION Veterans Adi	hospital, give street	oddress) ion Hospital	d. STREET ADDRESS Box 38		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First HOMAS	Middle D.	Lost SMITH	4. DATE Month OF DEATH June	Day Year 6 19 58
	5. SEX 6. COLOR		RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
	Male Whi	te widow	ED DIVORCED	February 19,	1924 Just birthday) Med	anths Days Hours Min.
	10a. USUAL OCCUPATION (Give kin during most of working life, eve	o if retired)	KIND OF BUSINESS OR IND chool Bus		e or foreign country) , Maryland	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
1	Horace Smith			Elizabeth	Sterner	
	15. WAS DECEASED EVER IN U. S. A (Yes, no. or unknown) (If yes, give war Yes Yes	or dates of services		Clin.Rec.,Vet.	Adm. Hospital, Ft	.Howard, Maryland
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO (b) DUE TO	AIN TUMOR			2 MONTHS
)					inal disease so to flow given tons 6,3758, Bilat	PERFORMED? YES NO Z
		OF DEATH	CRIBE HOW INJURY OCCURE	RED. (Enter nature of injury in	Part I or Part II of item 1B.)	
	20c. TIME OF INJURY Month, Hour a.m. p. m.	While	NJURY OCCURRED 20e. F k at wark	PLACE OF INJURY (Hame, form actory, street, affice bldg., etc.	n, 20f. (City ar town)	(County) (State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) JOSEPH	m. mises	XXXX, and that deat	h occurred ot 3:13 M.D. VA HOSPII urgical Service	Nune 6, 1958, W. AMM, from the causes and ADDRESS (Street, city or town, state TAL, FORT HOWARD, See VAH, FT. HOWARD)	on the date stated above. DATE SIGNED MARYLAND 6/6/58 RD, MARYLAND
	Burial 6-	9-1955	E.U.B. Churc	ch Cemetery	Greenmount, Mar	
	23. FUNERAL DIRECTOR'S SIGNATUR		ADDRESS		D BY REGISTRAR 245. REGISTRA	1
	Trabana / M. M	173 7 7	T. Tlammahaa	A MA DATE	JUNIT 1 '5B I DAA	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No.

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IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

Md

Days

Voght

(County)

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e. IS RESIDENCE

ON A FARM?

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Year

1958

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CCIE

CERTIFICATE OF DEATH

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		UUI	J						Reg. Dist	. No.	
1. PLACE C	OF DEATH NTY	Baltimore		MAR	YLAND	2. USUAL RESIDENCE (Whe		ved. If institution b. COUNTY	- 7	before odmi	ssion)
RURA	OR TOWN (I	f outside corporate limits	, write	c. LENGTH OF STAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
d. NAM OR II SPRI	NSTITUTION	OVE STATE				d. STREET ADDRESS 903 Dulane	ey Val]	ley Cour	rt	ON	SIDENCE A FARM?
3. NAME (DECEAS (Type or	ED	First Mary		Middle Lange	-	losi Spencer	4. DATE OF DEATH	Mon June		Day	Year 19 58
s. sex	le	2 44 2	7. MARR	NEVER MARR		8. DATE OF BIRTH May 12, 1867		AGE (In years last birthday) 97 yrs.	IF UNDER 1	YEAR IF UND	DER 24 HRS.
10a. USUA during	nost of work	ting lite, even if retired)	one 10b.	KIND OF BUSINESS	OR INDUS	Massachu		lry)		S. A	
3. FATHER	'S NAME					14. MOTHER'S MAIDEN NA	AME				
1	Mars	hall Langdo	n			Eleanor	B. Bro	die			
15. WAS D (Yes, no, or u	nknown)	R IN U. S. ARMED FORC (If yes, give wor or dates of ser		SOCIAL SECURITY NO		ords: SPRING	GROVE	Addr STATE	HOSP	ITAL	
Conc gave couse lying	PART I. DEA 2, / ditions, if o rise to i (o), stoling cause lost.	the under-	Art	erioscler eralized a	otic arter	cardiovascula iosclerosis				INTERVAL E	D DEATH
20g. A				Senility	7	NOT RELATED TO THE TERMIN			EN IN PART	PERF	ORMED?
	INTRIBUTING	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	70b. DESC	CRIBE HOW INJURY O	OCCURRED). (Enter nature of injury in Pa	art f or Port II	of item 1B.)			
	NE OF INJUR four a. m. p. m.	Y Month, Doy, Year 19	20d. It While at warl	NJURY OCCURRED Not while of work	20e. PLA foci	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or	town)	(Co	ounty)	(Stote)
ACTUA SIGNA PHYSK NAME 220. BURIAL REMOV	OnJ	at I attended the cune 26 Primo Bruno Radaus N, 22b. DATE THEREOF Tune 2	19 Resikas,	M. D.	Ken	Catonsvi	M, from to poress (Stree ROVE Stree Street	t, city or town, s STATE H Mary La N (City, town, o	ind on the state) IOSPITA	e dote stat	ted abave PATE SIGNE -26-58
		SSIGNATURE		ADDRESS Fors, 4101	Par Edi		Balt By REGISTRAI 3 0 '58		TRAR SENS	ATURE	

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may be retained by the haspital or attending physician.

TO FUNERAL PIRECTOR: After this certificate has been si TO HOSPITAL OR the registrar page 3 s VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

	Charles Commission			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 6616 Reg. Dist. No. 66115 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND b. CHY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c_EITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give necrest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION P 2 YES NO NAME OF First Middle 4. DATE Lost Month Year DECEASED OF fille 195 DEATH (Type or print) 9. AGE (In years lost birthday) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED THEVER MARRIED B. DATE OF BIRTH Months Doys Hours WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) U.5. a carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dafes of service) attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), 1 INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO þ any Conditions, if any, which permit. gned gove rise to immediate DUE TO cause (a), stating the underpuo lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II al item 18.) 03 MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc. Hour o. m. Not while of work of work 21. I certify that I ottended the deceased from une . 195 C, that I lost saw the deceased and that death occurred at? M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL DIREC PHYSICIAN'S NAME (Type) 220-BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY 22d. LOCATION (City, town, or county) OR CREMATORY (State) REMOVAL (Specify 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE, ILIN S 15M 9/55

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			Address results

FOR STATE HEALTH DEPT.

s necessary, please of director. Page for your files. M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funct 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained FUNETAR DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stong its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6617 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06606

Reg. Dist. No.

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY BALTIMOTE MARYLAND	a. STATE D b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RUTAL - Here Ford	BALTIMORE 3VOI-4
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
		1607 ST PAUL ST YES NO NO
	3. NAME OF Lonnie First Middle	Lost 4. DATE Month Doy Year
	(Type or print) CONNIE	PRINKLE DEATH JUNE 23 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	
	WIDOWED DIVORCED 1	7-28-1916 4/415 MILLIONS MILLIONS
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	WELDER CONSTRUCTION	M STATES VILLENCE US A
1	13. FATHER'S NAMÉ	14. MOTHER'S MAIDEN NAME
	WALTER TARKS STRIN	LE FUNICE AUSTIN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 170, inc. of unknown) (If yes, give war or dates at service)	IFORMANT Address
	1/0 - 237-14-0254	Jamely Sports
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) FFACTUTEL S	KULL FrACTURELNECK INSTANT
V	710,3 DUE TO ELO	1. 1.1.1
	Conditions, if any, which gove rise to immediate couse (b) FITETUTEL 1	(ANdible
	(o), stoting the underlying DUE TO	
	COURSE 1011. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
5	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
		YES NO The Notice of injury in Part I or Part II of item 18.)
	W ICKNESS OF CONTRIBUTING LI	
		E OF INJURY (Home, form, 201 (City or town) (County) (State)
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF White of work	iry, street, office bldg., etc.)
	21. I certify that I took charge of the remains described about	ve, held on Autopsy , Inspection , Inquiry , and in my
	opinion death resulted from: Natural couses . Accident	
	Topinion desir resorted from: Material coases [], Accident	30 Solicide [], Fromicide [], Onderermined monner
	SIGNATURE () My . France	CHIEF MEDICAL EXAMINER C
,	2	ASSISTANT MEDICAL EXAMINER () 6/23/58
4	EXAMINER'S IT M. I- RANCE	DEPUTY MEDICAL EXAMINER
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
	REMOVAL JUNE 24 1958	STATESVILLE, NORTH CARDLINA
	23. JUNERAL DIRECTOR'S SIGNATURE A ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	your Burns Low Yoursen 7	nels DATE JUN 26 '58 Colffeduch

THE HILLS

Item 1 FilmG230 6-30-58 et CERTIFICATE OF DEATH 6618 Wiff directar 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o. STATE Raltimore b. COUNTY MARYLAND Maryland death. funerol b. CITY OR TOWN (If outside corporate limits, write g c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) pluods vrs Towson Towson offer d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 16 Aigburth Road haurs Aigburth Road YES NO T NAME OF First Middle 4. DATE Month 24 DECEASED June Bordlev Stafford (Type or print) Daisv DEATH 5. SEX 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH Months Dovs Hours Female White WIDOWED June 13, 1868 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore. Maryland home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarl physician William C. Rordley Amelia Heritage move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Chester H. Collison 16 Aigburth Rd Towson L 18. CAUSE OF DEATH [Enter only one couse per line for (o) (b) and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate ber DUE TO couse (o), sloting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. PERFORMED? 0 YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) a. fl. While Not while of work of work p. m. 21. I certify that I attended the deceased from 5.4. that I last saw the deceased M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S Reier, M. D. Charles NAME (Type) FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 123 Burial John's Church Cemetery Waverly. Baltimore. FUNERAL/DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6619 CER	TIFICATE OF	DEATH
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Reg. Dist. No. 0661)8

1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE -LORIDA b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) COCICEY SUILLE 4/2 YEARS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SPROSOTA: 48X-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MASCALE I+ OME	d. STREET ADDRESS 324 JULIA ST ON A FARM? YES NO W.
3. NAME OF DECEASED (Type or print) MARTHA EVELYN	STALEY 4. DATE Month Day Year STALEY DEATH JUNE 2 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 3-6-1883 9. AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRARTICAL NURSE 579-12-2528	VIRGINIA U-S.
CHARLES O. IMBREY	MAMANTHA CORBART
	Frank L. Smith J. Cockeywille, Mg
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	- CARCINOMA 21/2 YRS
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING A 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. PL. While Not while of work 19 of work 19 of work 19	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
21. I certify that I attended the deceased from 1-18 alive on 5-30/, 1958, and that death ACTUAL SIGNATURE PHYSICIAN'S	n occurred at 7:10 A.M. fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED M.D. Cochsypulle, Md 12/5-8
NAME [Type] 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
REMOVAL 6-3-58 Mana Sota Bu: 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	rial Park Florida 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
William Cook, Inc., 1217 St. Paul Street	DATE JUN 4 '58 all Leduch

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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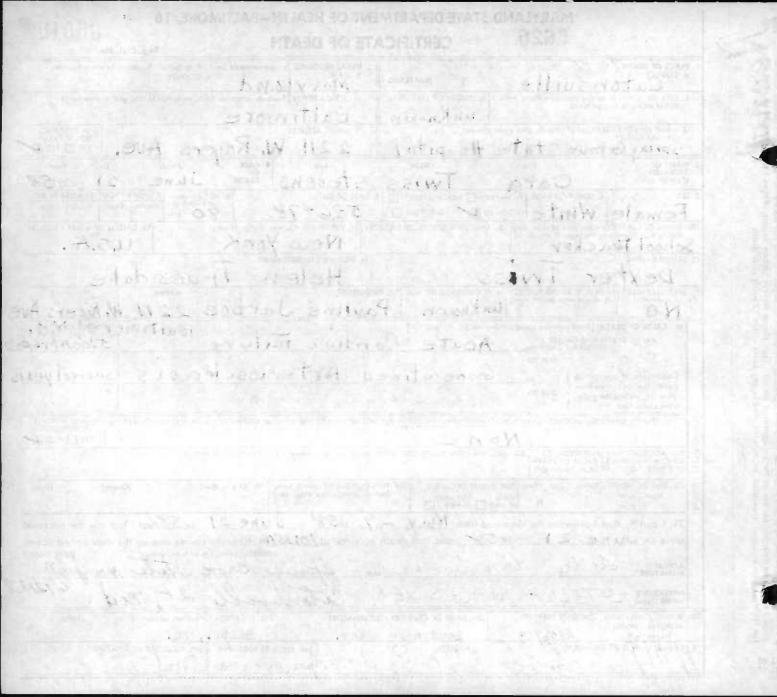
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06611 CERTIFICATE OF DEATH Rog. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY filed b. COUNTY Baltimore MARYLAND Cuba H funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe RURAL and give nearest town) shauld Havana Els Reparetos de Los Pinos d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION LOS Dorsey Ave. El Hogar De Minos YES NO . 4. DATE NAME OF Middle Month Day DECEASED Etta Faith Stewart DEATH June (Type or print) 19 58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months Daxy Females White Feb. 14, 1878. WIDOWED DIVORCED popers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Minister of Gospel Church Of God Iowa U. S. A. U. S. puo carbon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Stewart Anna Stewart move IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No No 405 Dorsey Ave. Essex. Rev. Harold Barber None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: TIN 2) IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. Nat while of work at work 19 Sothat I last sow the deceased 21. I certify that I attended the deceased from , and that death occurred at 4 A.M. from the causes and on the date stated above olive on DIRECTOR DATE SIGNED ACTUAL PIS PHYSICIAN'S NAME (Type) FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

SANTIA GO DE LOS VEGAL

(State)

Havana Cuba

24a. REC'D BY REGISTRAR

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REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Removal

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6622 CERTIF	ICATE OF DEATH	Dist. No. 06612
1. PLACE OF DEATH 1.	2. USUAL RESIDENCE (Where deceased lived. If institutions Res	
o. COUNTY Salturod MARYEN	MO Muylend b. county	lhuvel
b. CITY OR TOWN (If outside corporate limits, write BUGAL and give neglect lown)	1 b c. CITY OR TOWN (If outside corporate limits, write RURAL of 100	and give negrest town)
d. NAME OF HOSPITAL (I) not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) SARAH - T-S	TREVIC 4. DATE Smooth OF DEATH Screen	26 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	(1) I (TYPY (C) (C) A birthday) Month	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during pool of working life, even if retired) Couseur Couseur	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.	CITIZEN OF WHAT COUNTRYS
Thoruton Gracek	amanda Hace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO:	17. INFORMANT Address Hussell Straving Hum	potend Hed
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED 8Y:	1 . p antempoleratif	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) Character wy	should Kedney	6 1011
Conditions, if ony, which) (b) autorosc	lenti Hent Peren	5 mm
gove rise to immediate couse (o), stating the under-lying couse lost.	mellitus	Typs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 7
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUPY (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part 1 or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 21 Mour o. m. While Not while of work of work of work	De. PLACE OF INJURY IHome, form, foctory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from Jan 1	8 1952-10 June 36 1958, that	I last saw the deceased
alive on 1958, and that d	eath occurred at 30 A. M., from the causes and o	
ACTUAL SIGNATURE W 18 Fround	M.D. MANGES (Street, city or town, stole)	Md 6/26/5
PHYSICIAN'S WIT FOATS M.	D Manchester	111
220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETI 6-28-58 Grand	ERY OR CREMATORY 22d. LOCATION (City, Jown, or county)	(Stole)
23 SUNERAL DIRECTOR'S SIGNATURE 4 Houghton- Houghton	2 240. REC'D BY REGISTRAR 246. REGISTRAR'S	signature

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6623MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		-	The same of			
	0	6	6	1	2	
Dist.	No.	V	U	1.	1)	

Reg.

	1, F	1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND				YLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Md. b. COUNTY Carroll							
	b	CITY OR TOWN IIF ond give nearest town) Reisters	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Finksburg					,		
1	d	I. NAME OF HOSPITA	188)	d. STREET ADD	DRESS					. IS RESIDE	NCE			
1	N	Vicodemus	Rd.	Deer	r Pa	rk Ro	bad		Y	ON A FAR				
		NAME OF DECEASED (Type or print)	ricker		OF DEATH	June 2		Day 58	Year 19					
	5 . S	EX	DATE OF BIRTH			AGE (In years	IF UNDER 1		UNDER 24					
		Male	White	WIDOWE	D DIVORCED		Sept.7,	1905		52 yrs.	Months D	oys H	ours Min.	
	10o	luring most of working	N (Give kind of work of life, even if retired) ed Navy	done 10b. K	CIND OF BUSINESS OF	INDUSTR	Mary	The Latest		untry)		S.	VHAT COUN	NTRY?
	13.	FATHER'S NAME					14. MOTHER'S MA	AIDEN NA	ME					
		James	C.Stric	ker			Rache	eal	R.Fla	ater				
	15. Yms,	WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO		Samuel	Str	icker	Address, Finks	burg,	Md.		
		PART I. DEATI	H [Enter only one cau H WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO	se per line	for (o), (b), and (c).]	ds	fund!	13	ma	while	h	INTERVAL ONSET A	BETWEEN ND DEATH	<u>in</u>
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (b) OUE TO (c)						iolin					11	1300	eer
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)							1(o) 19. YES	PERFORMED)5				
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO.												
3	MEDICAL	20c. TIME OF INJUR	-1 - 1	While		foctor	E OF INJURY (Honey, street, office bloom	dg., elc.)	20f. (City o	y y	(Coun	Bal	G. Sic	ale)
	8	21. I certify th	ot I took charge	of the r	remoins describe	d abov	e, held on A	utopsy	, Ins	pection X	Inquiry	XI.	and find	that
		death resulted	from: Naturol	couses [, Accident X	, Suic	ide 🔲, Hor	micide	, Unc	determined o	ouse .			
		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER . DATE SIGNED												
oc.		EXAMINER'S NAME (Type)	D.D.C.	AP	LES,	MIT	DEPUTY ME	EDICAL EX	EXAMINER AMINER	,		6-	2/-6	58-
	220	 BURIAL, CREMATION REMOVAL (Specify) 	N, 22b. DATE THEREO	,	22c. NAME OF CEME		REMATORY	1	_	ON (City, town,	or county)		(Stote)	
		Burial	June 2	4/58	Provide	nce				er, Md.		-	. 11	
	23.	FUNERAL DIRECTOR'S	ne & Sons	Ref	ADDRESS	n Ma			BY REGISTRA		STRAR'S SIGN	LLA		
-		O ST SWET	10 00 0011	9 2 (0 3	22 001 000	22 9 21.0	D	ATE JL	IN to T	00	1, 200	/ \		

VS. A15ME(5)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral director, id 2 shauld be filed with DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3) moved be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, ar remayal, and in any event within 72 hour, offer death. may be retained by the haspital ar attending physician. TO FUNE DIRECTOR: After this certificate has been significate has been significate has been significated.

VS A15 (4) 15M 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6624

CERTIFICATE OF DEATH

			U	U	U	1	6,
Rea.	Dist.	No					

											1914 140.		
1. 6	LACE OF DEATH COUNTY Balto			MARYLA	- 11	a. STATE	Md.	re decease	d lived. If instit b. COUN		ence befare	admissi	on)
t	CITY OR TOWN	(If autside carporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR T	OWN (If ou	itside corpo	rote limits, write	RURAL and	give near	est tawn	V
0	Catonsvil					Baltim	ore		3	VOI	- 4-		
3	NAME OF HOSPI OR INSTITUTION TOUSE IN	ITAL (If nat in hospital, g	ive street	address)		d. STREET A	DDRESS	nd Av	e.		•	ON A	FARM?
3. 1	NAME OF	Fir	et	Middle		Lost		4. DATE		onth	Day		eor
(DECEASED Type or print)	Jo	seph	L.		11		OF DEATH	June	23,		1	9 58
5. S	EX		7. MARE	HED 💹 NEVER MARRIED	8. D	ATE OF BIRTH	4		9. AGE (In yeo last birthday	Months	R I YEAR I	Hours	
n	ale	white	WIDOW	DIVORCED [ct. 5.	1882		75 Y		Coys	HOURS	Min.
I	Bookkeeper	rking life, even if retired		KIND OF BUSINESS OR I		Md	l.		ountry)	12. C	ITIZEN OF	WHAT	COUNTRY?
	FATHER'S NAME	m 77			1.	4. MOTHER'S							
	loseph L.					Saran	Cauzn	nall					
	MAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO					ddress			77 7
r	10				Mrs	. Anna	E. Ta	all -	3312 W	odlan	d Ave		
	PART I. DE/ 33/X Canditians, if a		0	ld Tell	1/2	Vari	1sig	cede	and the			AND A	
	gove rise to cause (a), stating lying cause last.	the under DUE TO	2	Henryly	- 1	arte	res	reles	oxi				
CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION (SIVEN IN PA		PERFO	NO [
_	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture al	finjury in Pa	art I or Pari	t II of item 18.)				
MEDICAL	20c, TIME OF INJU Haur a.m. p. m.	RY Month, Doy, Yes	While	NJURY OCCURRED 20 Not while of work	le. PLACE factory.	OF INJURY (I , street, affice	Home, form, bldg., etc.)	20f. (City	or town)		(County)		(State)
	21. I certify #	hat I attended the	deceas	ed from Pcc	/	19 3%	to A	une	19. 4	Athat I	last say	w the	deceased
	ACTUAL SIGNATURE	on Thay	2, 19_	afforts	eath ac	curred ot.	1/		the causes	and an		e state	
	PHYSICIAN'S NAME (Type)						/	/					
	REMOVAL (Specify	ON, 22b. DATE THEREO	F	22c. NAME OF CEMETE			2	-	TION (City, town			(State)
	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	Hount	08	24a. REC'D			GISTRAR'S S	IGNATURE		
Y		CKNER & SON	C I		2 (N.h.		IIN 2 4		921	211/2		
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FOR STATE HEALTH DEPT.

hecessary, please Adirector. Page for your files. Board of Health,

Min 72 Hours ofter farwarded to DIRECTOR: 1

20c. TIME OF INJURY

EXAMINER'S NAME (Type)

Month, Day, Year

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OCCIN

6625 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH 377 2 TIMO! MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE M. d. b. COUNTY Baltimore
b. CITY OR TOWN If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b Rule ond give nearest town) Rule F - F - F - F - F - F - F - F - F - F	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) RICHARD Frederick	TAYLOR DEATH - UNE J 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEYER MARRIED 8. WIDOWED DIVORCED	PATE OF BIRTH 9. AGE (in years lift UNDER 14EAR IF UNDER 24 HRS. 1890 6 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ASDISTI	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY LPlant, Burninghan England, VSA
allred & Taylor	alice Me Modernouse
15. WAS DECEASED EVER IN U. S. ARMED FORCESS 16, SOCIAL SECURITY NO. 17. As [You are, or unknown] [15. As we war or doles of segges] 6 4 - 10 - 0	FORMANT Mrs. Richard F. Taylor
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	orbit Matthew Hoof Will AND DEATH
Conditions, if any, which gove rise to immediate cause	
(a), stating the underlying DUE TO cause last. (c)	
CATIO	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO []
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (E. C. CAUSE OF DEATH.	nter noture of injury in Part I or Port II of item 18.)

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) While Not while of work of work o. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry . and in my

opinion death resulted from: Natural couses Accident], Suicide , Homicide . Undetermined manner

ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

220. BURIAL, CREMATION, 22d. LOCATION (City, Jown, or county)

(County)

(Stote)

20f. (City or town)

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	A CONTRACTOR OF THE PARTY

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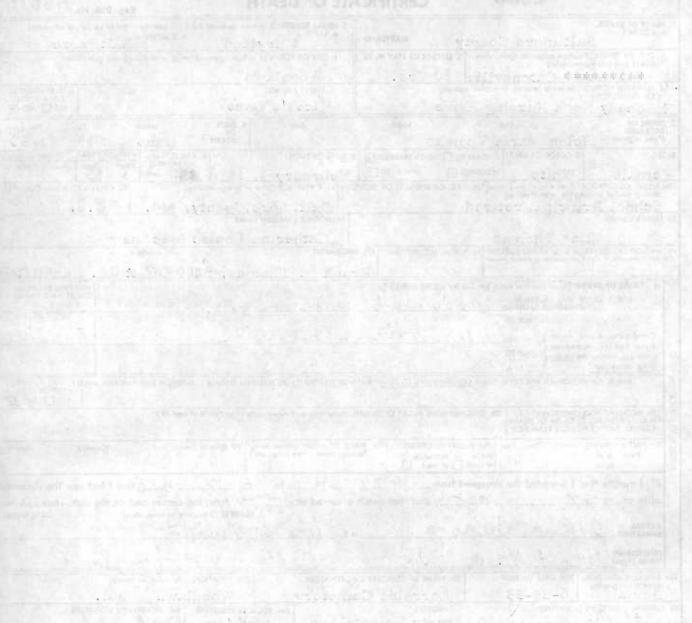
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6526 CERTIFICATE OF DEATH

Reg. Dist. No. 06616

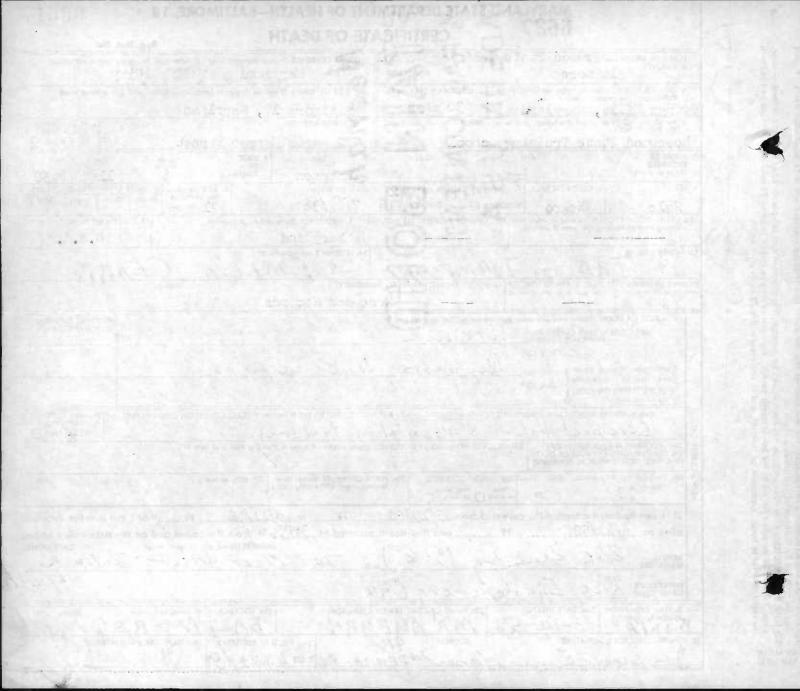
1, PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a STATE	admission)
Baltimore County MARYLAND	Maryland Baltimor	e
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If aulside corporate limits, write RURAL and give neares	it town)
Woodhawa Catonsville 10 Yrs.	× Woodlawn	
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION		IS RESIDENCE ON A FARM?
Shady Nook Nursing Home		ES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day	Year
(Type or print) Helen Maria Thomas	DEATH June 19	19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF last birthdoy) Months Days H	
Female White WIDOWED DIVORCED	February 4, 1866 92 yrs. 3 15	lours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU-during most of working life, even if retired)		WHAT COUNTRY?
School Principal retired	Baltimore, County, Md. U.S.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Elias Thomas	Catherine Louise MacKnew	
	INFORMANT Address	
	rank L. Thomas, 3200 Offutt Rd. Ra	ndllstow
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		AL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET	AND DEATH
45/X IMMEDIATE CAUSE (a) Comment	come annayan 5	yes
DUETO	0 "	
Conditions, if any, which gave rise to immediate (b) (b) (b)	Conditional distant 51	ms+
cause (a), stating the under-		
lying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
TA THE TANK		ES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Nat while of work of work	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) ctory, street, office bldg., etc.)	(Stole)
21. I certify that I attended the deceased from 1954	10 1 1-19	
~	19, to	
alive on 6-17, and that death	accurred at M, from the causes and an the date	
100	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE Johna hight	M.D. 1/18 DT Jan 87	
PHYSICIAN'S JOHN A. NESBITT, JR.	Baltemore 2, Turny land	/
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, lawn, or county)	(State)
Burial 6-23-58 Lorraine Co	(50,7, 50,0)	(sidie)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
worth Comaras 4600 Liberty Height		

MARYLAND STATE DEPARTMENT OF PRACTICAL CONTROL OF DEATH CASE OF DEATH CA



MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
6627	CERTIFICATE OF DEATH	Reg. Dist. No.
and Ctate	The same Cohee III	

	1. PLACE OF DEATH HOSEWood State To COUNTY Baltimore	raining School	2. USUAL RESIDENCE (Where o. STATE Maryla	deceased lived. If institution: Resident					
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		de corporate limits, write RURAL and g					
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS	raryland 5 v	e. IS RESIDENCE ON A FARM?				
4	Rosewood State Training School 722 North Monroe Street								
	3. NAME OF DECEASED (Type or print) Ira	Middle	tost 4. Thompson	DATE Month OF DEATH	Day Year 11 19 58				
		RIED NEVER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.				
	Male Negro WIDOW	ED DIVORCED	7/ /36	21 yrs.	Days Hours Min.				
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Maryland	oreign country) 12. CITI	U.S.A.				
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	1,				
	? LRA G. 18	OMPSON	? EM.	ELIA CLI	ARK				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL ECURITY NO. 17. INF	ORMANT	Address					
	no	Ros	ewood Records						
	1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH				
	591 X DUE TO A1								
	gove rise to immediate (b) // CHAVOSIS / 640 NO phrow								
	couse (o), stating the under. DUE TO								
	Z lying cause lost. (c)								
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES W NO								
	20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter volume of injury in Port or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)								
	YOUR DOWN THE OF INJURY Month, Doy, Year 20d. It Hour o. m. White ot worl	Not while focto	E OF INJURY (Hame, farm, iry, street, affice bldg., etc.)	20f. (City or town) (C	County) (State)				
	21. I certify that I attended the deceased from 5/13/58 , 19 , to 6/11/58 , 19 , that I last saw the deceased								
	alive an 6/11/58 19	alive an 6/11/58 , 19 , and that death occurred at 3:05pM, from the causes and an the date stated above.							
	ACTUAL RING, GREAL &	ACTUAL Risk, Frel by (Pake) M.D. Too Pleat Street Bilto 2							
1	PHYSICIAN'S Rich Li's de	heberg (Pat	4		6/12/5				
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22c	J. LOCATION (City, town, or county)	(Stote)				
	BURIAL 10-14-58	Mr. AUB	4RN	BALTIMORI	=, Md.				
ı	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 916	24a. REC'D BY	REGISTRAR 24b. REGISTRAR'S SIG	NATORE				
	Jackson Heren F	Hame IN PENI	VA . AVADATE 6 JE	NO 854 Wille	auch				



VS A15 (4) 15M 10/57 W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6628 CERTIFICATE OF DEATH

06618

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Bal	timore		MAR	YLAND	o. STATE		v land	b. COUNTY		shing		ion)
b. CITY OR TOWN (IN RURAL and give ne Catons vi	outside corporate lim orest fown)		vr9mthld		-		utside corpor	ate limits, write	RURAL ond	give neor	est town	1) /
	AL (If not in hospital, g		ress)		d. STREET					e		IDENCE FARM?
3. NAME OF DECEASED	Fi		Middl	e		ost	4. DATE	Мо	nth	Day		Yeor
(Type or print)	Willi	am	Goff		Tracy		DEATH	Ju	ne 2	0	1	19 58
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR		June	16, 19		P. AGE (In years lost birthday)	Months	R 1 YEAR I	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b. KIN			Y 11. BIRTH			56 yrs untry)		U. S		COUNTRY?
13. FATHER'S NAME	A					'S MAIDEN N	IAME			0	. A	е
James 1	racy			6		ary Ma		d				
15. WAS DECEASED EVER	IN U. S. ARMED FOR It yes, give wor or dates of t	ervice)	CIAL SECURITY NO		ormant	SPRI	NG GR	OVE ST	dress ATE	HOSPI	TAL	
ICATI	he under- ER SIGNIFICANT CON) DITIONS <u>CON</u>							VEN IN PAI		PERFO	AUTOPSY RMED? NO
	CAUSE OF DEATH	206. DESCRIB	BE HOW INJURY (OCCURRED.	(Enter noture	of injury in P	ort I or Part	II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While of work	Not while of work	20e. PLAC focto	E OF INJURY ry, street, offi	(Home, form, ce bldg., etc.)	20f. (City (or town)		(County)		(Stole)
alive on	6.26	Mai	8, and tha	t death a	o	PRING ATONSV	GROVE	the causes eet, city or town, STATE 8 MARY	and on (stote) HOS	PITAL	Stote	TE SIGNED
						DATE III		AR 246. REG	JINAK 3 31	- I		

THE RESERVE OF THE PROPERTY OF			IN STATE DEPARTME	MALYBAM	
	air and set	HTAZO RO ET		8905	
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		Ta University			
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within 24 hours FUNES

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Address Parkton, Md. R. D INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO DE (State) (County) 4., 1950, that I last saw the deceased 50P M, from the causes and an the date stated above. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 1958Holy Rosary Baltimore Cemetery Md. PUNERAL DIRECTOR'S D24g. REC'D BY REGISTRAR 24b._REGISTRAR'S SIGNATURE

06619

. IS RESIDENCE ON A FARM?

28.

Doys

S

12. CITIZEN OF WHAT COUNTRY?

YES NO

Yeor

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06620 MEDICAL EXAMINER'S CERTIFICATE OF DEATH shauld be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY g. STATE MARYLAND Page b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e, IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NAME OF DATE Month Day Year Lost Funeral DECEASED OF (Type or print) DEATH 19 NP 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11/ BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) N oud e 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME Poges Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (If yes, give war or dates of service) Give 8 PM3. 18. CAUSE OF DEATH [Enter only one cause per/line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Lon IMMEDIATE CAUSE (a) DUE TO with Canditions, if any, which pencil gave rise to immediate cause DUF TO (a), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 05 PERFORMED? NO T 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Exom 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stale) factory, street, affice bldg., etc.) While a m Not while at work at wark p. m. writing 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection / Inquiry , and find that the Chief death resulted from: Natural causes Accident . Suicide Homicide . Undetermined cause 5 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 0 0 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22g. BURIAL, CREMATION, 122b. DATE THEREOF 22d. LOCATION (City, town, or county) (Slale) for MOVAL (Specify) 0 28. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

necessary,

VS A15 (4) 15M 9/55 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6474 CERTIFICATE OF DEATH

	1, 7									Keg. Dis	1. 140.	
1. PLACE OF DEATH o. COUNTY B	altimore		MARY	- 11	2. USUAL RESID	_	ere decease		f institution	Residence		
b. CITY OR TOWN (IF RURAL and give neo	outside corporate limi rest town) UNDALK 22	30.5	c. LENGTH OF STAY	IN 16	c. CITY OR I			orote limit	s, write R			
d. NAME OF HOSPITA OR INSTITUTION 9	L (If not in hospitol, g 49 Saint	Bridg	get Lane		1 d. STREET A 7949	DDRESS Sain	t Bri	dget	Lar	ne .		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		rge	Middle		Vec]		4. DATE OF DEATH		Jun		Day 23	Yeor 1958
s.sex Male	6. COLOR OR RACE White	7. MARRI WIDOWE	DIVORCE	7	anuary		67	9. AGE (In years rthday) yrs.			UNDER 24 HRS. Hours Min.
	(Give kind of work of life, even if retired (ret [†] d)	done 10b. (KIND OF BUSINESS O	R INDUSTI		ACE (Slole of Maryla		country)		12. CITI	U.S.	WHAT COUNTRY
13. FATHER'S NAME	unkn	own			14. MOTHER'S	nknowi						
15. WAS DECEASED EVER	IN U. S. ARMED FOR yes, give war or dates of si		SOCIAL SECURITY NO		ormant hael Ve	echio	, 794	9 Sa	Add int	Bridg	get 1	Jane
Conditions, if ony gove rise to imcouse (o), stoting the lying couse lost.	mediote ()) coll	dis	y Cir	XIII	voc	Chr	210	2		
PART II. OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEAS	E CONDI	TION GIV	EN IN PART		WAS AUTOPSY PERFORMED? ES NO
	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OF	CCURRED.	(Enter noture of	f injury in P	orl I or Poi	rt II of iter	n 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While	JURY OCCURRED Not while of work		E OF INJURY (I			y or town)		(C	ounty)	(Stole)
21. I certify that of the an	dwa	decease , 19		death of	D		M, from		ouses o	nd on th		the decease stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	Osw	21	LBF.1	RRI	05	MI		Ma	244	lan	d	/-
220. BURIAL, CREMATION	6-25-58)F	22c. NAME OF CEME Baltimo				22d. LOCA B	ltim		or county)		(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24o. REC'D				TRAR'S SIG		

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		AT HELD
	CE ENDING LENGUES (MARIE CONTROL CONTR	
		Antico de la Companya (de la Villega IIII). Planta de la Companya (de la Villega IIII). Antico de la Villega (de la Villega III). Esta de la Villega (de la Villega III).

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VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6631 CERTIFICATE OF DEATH

	0001		112 OF DEF 111	R	leg. Dist. No.
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If institution: b. COUNTY	Residence before admission)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or Lochean	utside corporote limits, write RUR/	AL and give nearest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospitol, give street) 218 Liberty Hei	ghts Terrace	d. STREET ADDRESS 6218 L	iberty Heights	Terrage e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John First	Middle We	Wagner	4. DATE Month OF June	6. Yeor
S. SEX Male	6. COLOR OR RACE 7. MAR WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH NOV. 7. 1894		UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPAT during most of wr ASSESSO1	TION (Give kind of work done 10b prking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of Baltimore		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Louis I	P. Wagner		14. MOTHER'S MAIDEN N.		- Caronia - Lati
15. WAS DECEASED EN (Yes. no. or unknown)	VER IN U. S. ARMED FORCES?		NFORMANT S. Lina B. Was	Address gner 6218 Liber	rty Heights Terrs
	g the under-	ine for (o). (b). ond (c).]	a of the lu	mg	INTERVAL BETWEEN ONSET AND DEATH
ZY ZY	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO D
	VAS UNDERLYING (1) IG (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort f or Part II of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	. While	Not while for	ACE OF INJURY IHome, form, clory, street, office bldg., etc.)		(County) (State)
ACTUAL SIGNATURE	that I attended the decear	ond that death		M, from the causes and	ton the dote stated abave DATE SIGNED 1958 Imore Co. Md.
22a. BURIAL, CREMATI REMOVAL (Specified Burial		22c. NAME OF CEMETERY O Zoar Baptist	R CREMATORY	22d. LOCATION (City, town, or co	ounty) (Stote)
23. FUNERAL DIRECTO	r's Signature chell & Sons In	c. 1900 Eutaw I	Place 240. REC'D	1	AR'S SIGNATURE

		HI OF DEATH		
		. 611		amending PARKET
		reselved.		Louisenn
he mest	Military with	erry Sign	energia- engla	I was said and
e A	mint.		***	1.66
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	* 301		gala emelvino	TOTAL TOTAL
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		The All Office of the same of		ver all narroll

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6632 CERTIFICATE OF DEATH

Reg. Dist. No. 06623

1.	PLACE OF DEATH	B ltimore		MARYLAN		SUAL RESID	ENCE (Whe		lived. If instituti b. COUNTY	-	nce befor		ion)
	b. CITY OR TOWN (IF RURAL and give ne	outside corporate limitarest town)	ls, write	c. LENGTH OF STAY IN	lb c.		SON	utside corpor	ote limits, write R	URAL ond	give nea	rest town)
-	JOWSON	N. (If not in housital or	ive street	1 - 0	5.	STREET AT			···			e. IS RES	DENICE
	OR INSTITUTION	Villow Oa						ow Oa	ak Rd.			ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Fir Peter	st	Middle	War	Lost d	Sr.	4. DATE OF DEATH	Mon Jun	0.1	Day		rear 58
5.	SEX		7. MARI	RIED NEVER MARRIED		TE OF BIRTH			9. AGE (In years		RIYEAR		R 24 HRS.
	M	W	WIDOW		_ .	g. 10	,187		lost bythdoy) 5 yrs.	Months	Days	Hours	Min.
10	during most of work	N (Give kind of work on the life, even if retired er — Ret.	done 10b.	Self Emp			CE (Stote o	or foreign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRY?
13	FATHER'S NAME					MOTHER'S		AME					
1	Jo	hn Ward			100		Ro	se M	Guire				
				SOCIAL SECURITY NO.	7. INFORM	MANT		77163	Add	ress			
1		If yes, give wor or dates of s	- stricel		Edw.	J. 1	lard	8640	Willow	Oak	Rd	•	
NO	33/X Conditions, if on gove rise to in couse (o), stating thing cause lost.	he <u>under-</u> DUE TO	ge	contributing to death	BUT NOT I	RELATED TO	THE TERMIN	Sala NAL DISEASE	CONDITION GIV	ZEN IN PAI	RT 1(o) 11	P. WAS	AUTOPSY RMED?
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Ent	ier nature of	injury in Po	ort I or Port	II of item 18.)			-	NO 🗆
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yes	20d. I While of wor	Not while	PLACE O foctory, s	F INJURY (H street, office	lome, form, bldg., etc.)	20f. (City	or town)		(County)		(Stote)
	21. I certify the alive on	at I attended the	deceas 1, 193		eath acco	1955 urred at. 852			the causes of reet, city or town, Press	and an I		e state	
22	o. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREC	F	22c. NAME OF CEMETER					ION (City, town,			(Stot	e)
L	Burial	6-27-5	8	Cathedr	al C	em.			alto.Md		-	0	
23	FUNERAL DIRECTOR'S			ADDRESS			240. REC'G	MINES IST	RATE 246. REGI	STRAR'S SI	GNATUR	K	
	Farley F	'uneral H	ome	Catonsvil	le,M	d.	DATE						

	TE OF DEATH						
190 300 100 100 100 100 100 100 100 100 10							
							10100
	Page 10 Day						
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	A STATE OF THE STATE OF						
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alternation of the second		3		1911, 11			4.
				SA SA			Sales Service 1
			6		4		
		ST-58					
	N. P. TRANS		721764			WEEKPILL	

6633 CERTIFICATE OF DEATH

06624

1. PLACE OF DEATH o. COUNTY	Baltimor	A	MAR	YLAND	2. USUAL RESIDENCE (W	here decease	ed lived. If instituti b. COUNTY		nce befare	odmiss	ion)
	(If outside corporate limit		c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF	outside corpo	orate limits, write R	URAL ond	give near	est town	1)
RURAL and give	Catonsvi	11e			Balt	0.	3∨	01-	LL		V
d. NAME OF HOSP	ITAL (If not in hospital, a		address)		d. STREET ADDRESS				e	. IS RES	IDENCE
OR INSTITUTION	Ridgeway	Mar	nor		3501	W.Fr	anklin	St			FARM?
3. NAME OF DECEASED	Fir	st	Middl	e	Last	4. DATE	Mar	ith	Day		Year
(Type or print)	CAROLIN	E		WATS	OM	DEATH	Jur	e	17	,	19 58
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARR	IED 🔲	8. DATE OF BIRTH	1177	9. AGE (In years		RIYEAR		_
P.	W.	WIDOW	ED DIVORC	ED	Oct.4.1870		87 yrs.	Months	Days	Hours	"Min.
10a. USUAL OCCUPAT	ION (Give kind of work of	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (State		country)	12. CI	TIZEN OF	WHAT	COUNTRY
	orking life, even if retired		O.H.		Md.			100	US	A	
3. FATHER'S NAME			U.D.	-	14. MOTHER'S MAIDEN	NAME			0.03	i da	
	77										
SE WAS DECEASED BY	Hasz /ER IN U. S. ARMED FOR	cesa lu	SOCIAL SECURITY N	0 117 10	Un kn	TOWIT	Add				
(Yes, no. or unknown)	If yes, give wor or dates of a		. SOCIAL SECURITI IN			T 67.0			4 6	4.0	
				-	vin Watson	Jr.38	OOT M.E.I	ank	Lin	20.	
The second secon	EATH [Enter only one co	use per l	ine far (a), (b), and (c).]			Aungh	1			DEATH
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	C'	E.K.	5 BROVAS	0.011 17	R/13/18/26	seli	1	6/	2-19-11
334×	DUE TO		A1							1	,
Conditions, if	ony, which) (b	1	FENERI	46 /	2 ED As	lerio	no lesas	and the	10	2019	21
gave rise to	immediate (Due TO								1		
lying couse last		,									
Z PART II. O			CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PAI	RT 1(a) 19	. WAS	AUTOPSY
ATIC											NO T
20g ACCIDENT W	VAS_UNDERLYING	20b. DE	SCRIRE HOW INTERPLE	OCCHRRE). (Enter nature of injury in	Port Lar Pa	rt II of item 18.1			152	по 🗆
OR CONTRIBUTION	IG CAUSE OF DEATH		The state of the s	0000	i (Eller Holoro or Injer) III						
	JRY Month, Day, Ye	or 20d.	INJURY OCCURRED	20e. PL/	CE OF INJURY (Hame, far	m, 20f. (Cit	y ar town)		(County)	7917	(State)
Haur o.m.	10	While of wo	Nat while	fac	tary, street, affice bldg., et	c.)					
			A 3 11	1	10/6	1/11000	- m - 50	5			
	that I attended the		1.00	7	, 19 <u>.5</u> 5_, to	04106	11, 1908				
alive on	U-948 E- 10	12.	and tha	it death	occurred at 12 2/3	17 67 7 1 1 1			the date		
ACTUAL	11/1/		17708		/	ADDRESS (S	Street, city or town,	state)		DA	ATE SIGNE
SIGNATURE	11-1/6/	37%	1/1-110	64	M.D. 60142	CMC,	2010B 12	6 13		6 -	17-3
PHYSICIAN'S NAME (Type)	J. NETS	W/	MeKAY	M.P	60/4/	on-	deco 191	1- 1	34	170	28/
22a. BURIAL, CREMATI	ION, 226. DATE THEREC)F	22c. NAME OF CE	METERY O	R CREMATORY	22d. LOCA	ATION (City, town,	ar county)		(Stot	e)
REMOVAL (Specif	6/19/58		Mt.Olis	ret (Cemetery	Bal	lto.Md.				
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			D BY REGIS	TRAR 245-REGI	STRAR'S SI	GNATURE		- 15
Witzke I	Funeral Di	r.4	101 Edmor	dsor	AVE. DATE	IUN 1 8	158	Thes	uch		
							-				

a, by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 Id be detoched for use as the burial-transit permit. Then please remove carbon popers. Pages 1 oppoint to burial, cremation, or removal, and in any event within 72 haurs ofter death. DIRECTOR: After this certificate has been signed by the ottending physician and completely filled moy be retained by the hospital or attending physicion.

TO FUNER DIRECTOR: After this certificate has been si page 3 strend be detached for use as the hirital exercise. VS A1S (4) 15M 9/S5

the registrar

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mressel vilal TO BE LEWIS TO BE TO BE THE PARTY OF THE PAR CHIEF WEDNIE . 18 al Daniel C. 1018:55 accide civil A secretary of the second of t In the state of th

06625

CEPTIFICATE OF DEATH

1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	10034	CERTIFICA	AIL OI DEAII			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Baltimor	e	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marylar	-	lived. If institution b. COUNTY	on: Residence	before admi	ssion)
b. CITY OR TOWN (II RURAL ond give ne	f outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond give	e nearest tow	vn)
Fort How	ard	14 days	Baltimo	ore	3	VO1-	-4	
OR INSTITUTION	AL (If not in hospital, give street Administration		d. STREET ADDRESS	arret.t.	Avenue		ON	SIDENCE A FARM?
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mon		Day	Yeor
(Type or print)	EDWARD	Α.	WELLS	DEATH	June		29	19 58
5. SEX		RIED MEVER MARRIED	8. DATE OF BIRTH)	9. AGE (In years lost, birthdoy)	Months Do		
Male	Negro WIDOW			1916	42 yrs.			
during most at work	ON (Give kind of work done 10bing life, even if retired)						N OF WHA	T COUNT
Janitor IS. FATHER'S NAME		Apartment House			ryland		J.S.A.	
J. FATHER'S NAME			14. MOTHER'S MAIDEN I					
Lloyd We			<u>Elizabe</u>	th John				
	R IN U. S. ARMED FORCES? 16.		NFORMANT		Addr			
Yes	WWII	219-01-5548 C 1	in. Rec., Vet.	ldm. Hos	spital, Ft	. Howar	d, Md.	
The second section of the second section of the second section of the second section s	TH [Enter only one couse per I						INTERVAL B	ETWEEN
PARI I, DEA		TIAL CORONARY					2 WE	eks
420.1	DUE TO SEN	TERE CORONARY A	RTERIOSCLEROS	SIS		5 5	UNKN	NWC
Conditions, if or	ny, which) (b)							
gove rise to in couse (o), stating (HILLS !! FEE IN				1	
lying couse lost.	(c)							
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART I	o) 19. WAS	AUTOPS'
PART II. OTH HYPERTE	ENSIVE CARDIOVA	SCULAR DISEASE						NO [
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I ar Port	II of item 18.)			
20c. TIME OF INJURY Have o.m. p. m.	Y Month, Doy, Year 20d. While of wo	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City	or town)	(Cou	nty)	(Stot
21. I certify th	and attended the decease	sed from June 15	, 19 <u>58</u> , 10 <u>Ju</u>	ne 29	19 58	XXXXXXX	XXXXX	XXXX
								ed ab
	1,18-				reet, city or town,			ATE SIG
ACTUAL	1104 66	Jan,	M.D.VAH FORT	CEATAIN	MARVIAN	JT)	6	/30/
			Vallety Wolder-	DOWNER WAY	3-1101-1101			1-134.
PHYSICIAN'S NAME (Type)_CH	TEN WET LAN. M.	D.						
220. BURIAL, CREMATION	N, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCAT	ION (City, town, o	or county)	(Sta	tel
REMOVAL (Specify)	7-3-58	Baltimore Na			imore, Ma			,
PATUMERAL DIRECTOR'S		802 Madison		D BY REGIST		TKAR'S SIGN		
Markes	Law Mortuary	802 Madison	Ave.		8 1992	Locus	h	

may be retained by the haspital or altending physician.

TO FUNERA (IRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 strong be detached for use as the burial-transit permit. Then please remote carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 10/57

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exe	cute the carificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be		O FUNEXXX DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrat priar to burial, crematian,	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6475MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	OTIO				4.				Reg. Di	ist. No.	
1. PLACE OF DEATH o. COUNTY Baltin	nore			MARYLAND	2. USUAL RESIDEN			b. COUN	PV.	imore	
b. CITY OR TOWN II ond give nearest tow Dunda		e RURAL	c. LENGTH	OF STAY IN 16	100	WN (If out	tside corp	orote limits, write			
	AL OR INSTITUTION AV		pital, give st	reet oddress)	d. STREET ADDI		lahir	d Avenue	9		ON A FARM2.
3. NAME OF DECEASED (Type or print)	Fil		C	Middle	Last	4.	DATE OF DEATH	Mon		Doy	Year 1958
5. SEX	6. COLOR OR RACE	7. MADDI	C.	Wenig	DATE OF BIRTH			9. AGE (In yours	TEHNIDER	IVEAD IE	UNDER 24 HRS.
Male	White	WIDOWE	the same of the sa	IVORCED	September	29,	1	lost birthday) yrs.			lours Min.
during most of worki	ng life, even if retired)		CIND OF BUS		IRY 11. BIRTHPLACE Maryla	_	foreign co	untry)		S.A.	WHAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAI	DEN NAM	AE .				
George	Wenig				T.e	na Ho	omher	or			
15. WAS DECEASED EY	ER IN U. S. ARMED FO		SOCIAL SEC	URITY NO. 17. I	NFORMANT	ne m	OMDCI	Addres:	1		
Yes, no, or unknown)	[If yes, give war ar dates of	service)		Ma	rs. Nellie	Weni	ig. 6	825 Holy	hird	Aveni	10
	TH [Enter only one co	use per line	for (a) (b)		2702220	110111	-6,	0,0 1102.0			L BETWEEN
	TH WAS CAUSED BY:									ONSET A	AND DEATH
16. 1	IMMEDIATE CAUSE (o)	Myocar	dial Inf	arction					Lm	mediatel
420.1	DUE TO										
Conditions, if a			Hypert	ensive C	ardio Vasc	nular	Disc	ease		appr	ox. 15 y
(a), stoting the											
couse lost.) (c		AND DESTRUCTION OF	TO DESTINATION							
PART II. OII	HER SIGNIFICANT CON	DITIONS CC	none		NOT RELATED TO THE	TERMINA	LDISEASE	CONDITION GI	VEN IN PART		PERFORMED?
PART II. OTI	USE WAS NTRIBUTING	b. DESCRIB			inter nature of injury	in Port I o	or Port II o	of item 18.}			
20c. TIME OF INJU	RY Month, Day, Ye	While	NJURY OCC	while fact	CE OF INJURY (Home ory, street, office bldg		20f. (City	or town)	(Cou	inty)	(Stote)
21. I certify t	hat I taak charge	af the	remains d	escribed abo	ve, held an Au	tapsy [], In	spection 😿	, Inquir	у П. с	and find that
death resulted	from: Natural	causes [Accid	dent 🔲, Sui	cide 🔲, Ham	icide [_	determined	-	· -	
ACTUAL SIGNATURE	527500	nu	au	u,	_M.D. CHIEF MEDIC		_			D	ATE SIGNED
EXAMINER'S NAME (Type)	W.E. BAERN	IANN,	M.D.		ASSISTANT A				June 1	1958	
220. BURIAL, CREMATIC REMOVAL (Specify DULLS I	June 6,			of Cemetery or Lawn Ceme				O. Co.,			(State)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRE	SS		. REC'D 8		1	ISTRAR'S SIG	NATURE	
Ullrich F	unerel Home	2	2 71	202		4111	AL PR	150 100	0	1	

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be related for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Store Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. I a should to FUNERA VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6423
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			- 1	\mathbf{n}	10	4	1
1.	Dist.	No.	4.	V	1	~	ö

ACCO'Y

	11400											
D. COUNTY					. USUAL RESIDENCE (_		w		nission)		
Ba	ltimore		MAR	YLAND	rarytand Baltimore							
b. CITY OR TOWN (I	If autside carparate limits, wri n)	e RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If autside corp	porote limits, write	RURAL ond giv	e negrest f	own)		
Arbut	us				5/ Ar	butus						
	TAL OR INSTITUTION	(If not in has	pital, give street addre	35)	d. STREET ADDRESS					RESIDENCE		
LU LU	15 Wilkens	Avenu	10		4413	Wilke	Wilkens Avenue			NO D		
3. NAME OF DECEASED	Fi	rst	Middle		lost	4. DATE OF	Mont	h D	оу	Year		
(Type or print)	ST	EPHEN	_ E.		WHARTON	DEATH	Jur	na 2	1	19 58		
S. SEX	6. COLOR OR RACE			D 🔲 8. D.	ATE OF BIRTH		9. AGE (In yours	IF UNDER TYE	-	DER 24 HRS.		
Male	White	WIDOWE	DIVORCED	D 7	-24-1899		fost birthday) 58 yrs.	Months Doy	s Hours	Min.		
	ON (Give kind of work	done 10b. K		-	11. BIRTHPLACE (Stote	e or foreign o		12. CITIZEN	OF WHAT	COUNTRY		
during most of worki	ng life, even if retired)						,			COUNTRY		
AChinest 3. FATHER'S NAME		Cre	own Cork					U	S.			
127	ardxs	Unkne	own	- 1'	. MOTHER'S MAIDEN		newn					
E WAS DECEASED IN	EN INTELLE ABOVED CO	Deren I.	COCIAL OF CUIDITIVALO	1.0 0000								
Yes, no. or unknown)	/ER IN U. S. ARMED FC		SOCIAL SECURITY NO.	. 17. INFO	RMANT		Address					
Vo				Edi	ward S.Wh	arten	1003 H	allimo	nt R	d.#2		
18. CAUSE OF DEA	ATH [Enter only one co	use per line	for (o), (b), ond (c).]					10	NTERVAL BETW	VEEN		
PART I. DEA	TH WAS CAUSED BY:			7 7					INSEL AND DI	LAIH		
1983X	IMMEDIATE CAUSE (o		miocerebra	Truj	ury.							
1001	DUE TO											
gove rise to imme		1										
(a), sloting the												
couse lost.) (c)		10								
Z PART II. OT	HER SIGNIFICANT CON	IDITIONS CO	INTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	AINAL DISEAS	CONDITION GI	VEN IN PART 1(c				
VIII VIII VIII VIII VIII VIII VIII VII									YES T	NO		
PART II, OT	USE WAS 2	Oh DESCRIBE	HOW INJURY OCCU	RRED (Ente	r nature of injury in Pa	rt I or Port II	of item 18)		1.00			
PRIMARY OF OF CO	NTRIBUTING []						or mem ro.;					
			ten on hea									
20c. TIME OF INJU	4.4	While	NJURY OCCURRED 2	factory,	street, office bldg., etc	m. 20f. (City :.)	or fawn)	(County)		(Stote)		
p. m.	6/21 19		rk of work		Home			Balt	imore	Md.		
21. I certify t	hat Laok charge	e of the	emains describe	d above	, held an Autop	sy 30 , Ir	spection	Inquiry [, or	nd in my		
opinion death	resulted from:	Notural	Courses T SAccio	dent 🗍	Suicide .	Homicide	I Undet	ermined man	_			
	XIIII	1	, Acc.		, Jones [] ,	omicide	, Ondere	mined mun	mei [
ACTUAL	Jun!	///	with		CHIEF MEDICAL F	V 4 4 11 15 0 -			DATE	SIGNED		
SIGNATURE		10		A	A.D. CHIEF MEDICAL E				610	17/49		
EXAMINER'S					ASSISTANT MEDIC	CAL EXAMINE	R		0/2	23/58		
NAME (Type)	Paul F.	Gueri	n, M.D.		DEPUTY MEDICAL	EXAMINER []					
	ON. 226. DATE THERE		22c. NAME OF CEMET	ERY OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)	(Sto	te)		
Burial	6-26-5	8	Louden	Park	Cemetery	Bal	timore,	Maryla	ind			
23. FUNERAL DIRECTO			ADDRESS	- 40A AL		'D BY REGIST		STRAR'S SIGNA				
	.Hubbard	4107	Wilkens	Aven	110 101	2 5 '58	1882	- 2111				
TIOMETT OF 11	. Mannara	120			DATE		Charle .	-touch				

WARRING STATE DESERVING OF HEALTH OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely filled to by the funeral director, page 3 km, and be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, an removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/SS

ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18

6635 CERTIFICATE OF DEATH

			0	0	0	0	0	
Reg.	Dist.	No.	11	13	13	7	\times	

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) o. STATE Baltimore
RURAL ond give n	If autside carporote limit earest tawn) ISSEX 21	s, write c. LENC	OTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 54Essex 21
	TAL (If not in hospital, gi 511 N. Mar		nue	d. STREET ADDRESS SIL N. Marlyn Avenue O. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Firs Ev		Middle G	Uost 4. DATE Month Doy Year Of DEATH June 8 1958
s. sex Female	6. COLOR OR RACE White	7. MARRIED TO N	DIVORCED _	8. DATE OF BIRTH March 23, 1931 9. AGE (In years of FUNDER 1 YEAR IF UNDER 24 HRS. North 23, 1931 9. AGE (In years of FUNDER 1 YEAR IF UNDER 24 HRS. North of Pays of Hours of Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work d king life, even if retired)	one 10b. KIND OF	BUSINESS OR INDU	PLAINFIELD, N.J. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	homas Corc	oran		14. MOTHER'S MAIDEN NAME Alice Wolfe
	R IN U. S. ARMED FORC (If yes, give war or dates of se			Robert J. Whitacre, 511 N. Marlyn Avenue
PART I. DEA 193.0 Conditions, if a gove rise to i	mmediote (0	A	Remarkage Interval Between ONSET AND DEATH. 10-15 MINS Neoplasm VS. Wildeterning Owner your
20a. ACCIDENT W	HER SIGNIFICANT COND		JTING TO DEATH BUT	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO RED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJUR Hour o. m.			t while fo	PLACE OF INJURY (Hame, farm, 20f. (City ar lown) (County) (State) foctory, street, affice bldg., etc.)
21. I certify the alive on	J. PLA	19.58, tt		th accurred at 8 A.M. from the causes and an the date stated above. ADDRESS (Sireet, city or town, state) M.D. 424 Eastern Ove 6/8/58 Essy md
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR William Co	6-11-58	Bal	AME OF CEMETERY OLL TIMORE NA DRESS Paul Stro	Iational B ltimore 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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		L PORTON	

VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6636 CERTIFICATE OF DEATH

Reg. Dist. No. (16629

	PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDE o. STATE		yland	lived. If institution b. COUNTY	on: Residence Balt			ion)
	b. CITY OR TOWN (RURAL and give r	(If outside corporate limited rest town)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If o	utside corporo	te limits, write R	URAL ond gi	ve neare	est lown	1)
		sville				XBaltim	ore						
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street	oddress)		d. STREET ADI	DRESS	1 1 1 1 1 1 1			e.	IS RES	FARM?
		way Manor	Nur	sing H me	9	2600 B	atem	an Av	е.				№ 💆
3.	NAME OF DECEASED	Fir	The second	Middle		Lost		4. DATE OF	Mon	th	Day		Yeor
	(Type or print)	WILLI		H.		WILHE	CLM	DEATH	Jun	е	9		1958
S.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARR	ED 🔲	B. DATE OF BIRTH		9	. AGE (In years lost birthdoy)	IF UNDER 1			
	Male	White	WIDOW	ED X DIVORCE	D 🔲	May 19,	188	0	78 yrs.	Months D	Pays	Hours	Min.
100	. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	STRY 11. BIRTHPLAC	CE (Stote o	or foreign cou	ntry)	12. CITIZ	EN OF	WHAT	COUNTRY
	oring most or wor	king me, even ir remed		eal Estate	9	Baltin	nore	, Mar	yland	U	SA		
13.	FATHER'S NAME					14. MOTHER'S M			-				
	J	Frank W	ilhel	m		Kate	W.	Gross					
15.	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. H	NFORMANT			Addi	ress			
1	No	(it yes, give wor or duran or s	ervicej		Wr	m. E. Ko	ons	- 10 V	V. Bidd	le St.			
		ATH [Enter only one co	ouse perali	ne for (o), (b), and (c)	1						INTER	VAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY:	· (F	PEBRAL	1/4	CCILLA	20	Acci	DEATT	-	ONSE	TAND	DEATH
	4.43×	DUE TO			-K-/-	4111		1000			3.	US	¥->-
	Conditions, if c	on which	1/1	1 OFOTE	KIL	IF (iV.	(5)	KEN	CF -		10	YA	-000
	gove rise to	immediate (777	FERILI	140	2 (10)	11	DEF	11_	-	, 0	M	116
	lying couse lost.	the under-	. SE	WERE -	0/	ARDIAC	- 51	VLAR	0-				
z		HER SIGNIFICANT CON	DITIONS (ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO T	HE TERMIN	NAI DISEASE	CONDITION GIV	ENI INI PART	1/01/10	WAS	ALITOPSY
CATION			-15							EIN IIN FARI		PERFO	RMED?
CERTIF	OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of i	njury in P	ort I or Part I	l of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	ar 20d. It While of wor	NJURY OCCURRED Not while t of work	20e. PL/ foc	ACE OF INJURY fHo clory, street, office b	ome, form, oldg., etc.)	20f. (City o	or town)	(Co	ounty)		(Stote)
	21. I certify ti	nat I attended the	deceas	ed from MA	1	1055	10.10	INF	9 1058	.,that I la	et cou	the	dacaaca
	alive an_	UNF9	0195	En	death	accurred at /	130	M from	the causes a				
	divo dii	111	10	100	dedill	accorred di 2			et, city or town		aare		ea abave
	ACTUAL	romer (1.6	Uceelle		360	16	lehu	ni No	1		1/	11/5
				4 - 4		M.D		7216	7			C/L	2/-3
	PHYSICIAN'S NAME (Type)	HOMAS	E.	WHEELE	R	Bal	80	7-	Ma	• · · · · · · · · · · · · · · · · · · ·	N.		
220	BURIAL, CREMATIC)F	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCATIO	ON (City, town, o	or county)		(Stote	•)
	REMOVAL (Specify Burial	6/12/	58	Loudon	Pa:	rk Cemet			imore		ryla	and	
23.	TUNERAL DIRECTOR	SHENATURE STU	uac	ONDORESS		2	4o. REC'D	BY REGISTRY		TRAR'S SIGN	NATURE		
E	llsworth	Armacost-	4600	Liberty F	Heigh	hts Ave.	ATE UN	M I O O	uo.	reau			

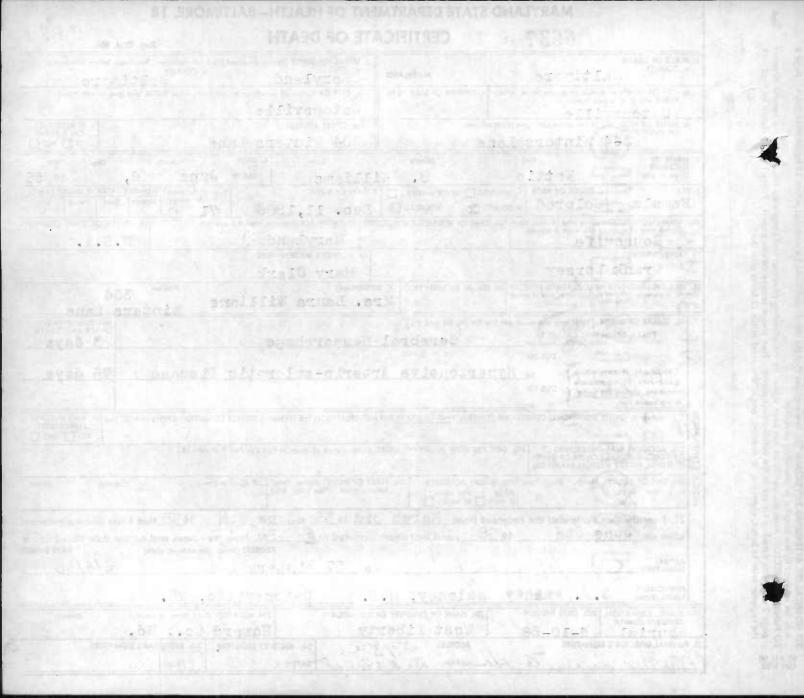
TO STATE OF A THE OFFICE OF A PROPERTY OF THE DESCRIPTION OF THE PROPERTY OF

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6637

CERTIFICATE OF DEATH

	-						keg. Dist. r	NO.
1. PLACE OF DEATH o. COUNTY Baltimore		MARYLAI		a. STATE		lived. If institution b. COUNTY	Residence be	
RURAL and give nearest town)	mits, write	c. LENGTH OF STAY IN		and the second second				nearest town)
	Dive street	address)			rre	1		I - IC DECIDENCE
Baltimore B. CIVOR TOWN (If outside corporate limits, write RUNAL and give nearest Inc. RUNAL and give nearest In	ON A FARM? YES NO							
1. PLACE OF DEATH C. COUNTY Baltimore MARYLANN D. CITY OF TOWN (If outside corporate limin, write N. CITY OF TOWN (If outside corporate limin, write RURAL and give secret from) United the county of the county	Day Year 19 58							
Female Color of RACI			-			last birthday)		
PLACE OF DEATH C. COUNTY Baltimore								
3. FATHER'S NAME			14	MOTHER'S MAIDEN	NAME			
Frank Dorsey				Mary Cla	rk			
		SOCIAL SECURITY NO.			Villia	m st	304	
Conditions, if any, which gave rise to immediate cause (a), stoting the under. lying cause lost.	(c) Hyr	pertensive	Art	erio-scle	rotic			
b. CITY OR TOWN (If outside experted limit, write C. LENSTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN (If outside corporate limit, write RURAL and give nears C. CITY OR TOWN C. CITY OR TOWN C. CI	PERFORMED? YES NO							
	1	CRIBE HOW INJURY OCCI	JRRED. (En	ter nature of injury in	Part 1 or Part	II of item 18.)		
20c. TIME OF INJURY Month, Day, Y Hour a. ji. p. m. 19	While	_ Not while_	e. PLACE (factory,	DF INJURY (Home, far street, office bldg., et	m, 20f. (City	or town)	(Count	ty) (State
alive on June 6th	ARE OF PEATH COUNTY Baltimore MARYLAND CITY OR TOWN (II outside corporate limit, write county) CITY OR TOWN (II outside corporate limit, write county) CITY OR TOWN (II outside corporate limit, write county) CITY OR TOWN (II outside corporate limit, write county) CITY OR TOWN (II outside corporate limit, write county) CA tonsville Name of MOSPITAL (If not in hospital, give street oddress) CA tonsville Name of MOSPITAL (II not in hospital, give street oddress) ON INSTITUTION Nettie Be Williams OA Winters Lane Middle COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH OA MORRIED NAME MARRIED NAME MARRIED NAME N							
NAME (Type) Go F . REE	Hey							
b. COUNTY Baltimore MARYLAND b. CITY OR TOWN If doubled corporole limits, write RURAL and give nearest brown Catonsville d. NAME OF HOSPITAL (fire in hospital, give street address) JAME OF HOSPITAL (fire in hospital, give street address) JAME OF HOSPITAL (fire in hospital, give street address) JAME OF HOSPITAL (fire in hospital, give street address) JAME OF HOSPITAL (fire in hospital, give street address) JAME OF BECKASED (Type or print) S. SEX JAME OF BECKASED (Type or print) S. SEX JAME OF BECKASED (Type or print) JAME OF BECKAS			(Stote)					
23. FUNERAL DIRECTOR'S SIGNATURE	6.21	ADDRESS J	780	240. REC	D BY REGISTE	AR 24b. REGIST	RAR'S SIGNAT	TURE



Rea. Dist. No.

								wag. Dist		
1. PLACE OF DEA o. COUNTY	тн altimore		MAR	YLAND	2. USUAL RESIDENCE o. STATE Maryland		d lived. If institution b. COUNTY	on: Residence	before ad	mission)
RURAL and g	WN (If autside corparate lim give nearest town)		LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpo			re nearest l	lawn)
A NAME OF L	ort Howard		12 Days		Baltimon		3V	01-4		
OR INSTITUT	OSPITAL (If not in hospital, FION eterans Admir			ital	d. STREET ADDRESS		emie		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle		WILSON Lost	4. DATE OF DEATH	June	h	5 ^{Doy}	Yee 58
5. SEX	6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH		9: AGE (In years lost birthdoy)		YEAR IF U	NDER 24 HRS.
		WIDOWED		_	December 9		57 yrs.			
Laborer	PATION (Give kind of work f working life, even if retired	Cit;		OR INDUST	Bible Co				S. A.	HAT COUNTRY
13. FATHER'S NAM	Wilson				14. MOTHER'S MAIDE Harriett		cnown			
IS. WAS DECEASE	DEVER IN U. S. ARMED FO	RCES? 16. SOC	CIAL SECURITY NO). 17. IN	FORMANT		Addr	ess		
Yes, no. or unknown)	WW I	service			in.Rec.,Vet	t.Adm.Ho		7.7	rd,Ma	ryland
PART I 33/X Canditions, gave rise	to immediate DUE TO	CERE	BROV ASCU		CCIDENT				9 ba	BETWEEN NO SEATH
Z PART II	OTHER SIGNIFICANT CON	ODITIONS CON	TRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	PEI	AS AUTOPSY RFORMED?
	IT WAS UNDERLYING [] ITING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY O	CCURRED.	(Enter noture of injury	in Part I or Par	t II of item 18.)			
Hour o	NJURY Month, Day, Ye o. m. o. m.	20d. INJUI While at wark	Not white at work	20e. PLAG	E OF INJURY (Home, 1 cry, street, office bldg.,	form, 20f. (City etc.)	or town)	(Co	uniy)	(Stote)
	TRVING FRE	eman	and that	death	D. VAH, FOR	OOAM, from ADDRESS (S) T HOWARI	n the causes a treet, city or town, s	nd an the	dote st	ated abave DATE SIGNED
REMOVAL (Sp	AATION, 226. DATE THERE	OF 22	c. NAME OF CEM	ETERY OR	CREMATORY	22d. LOCA	TION (City, town, a		,	itote)
23. BUNERAL DIREC			Baltimor	e Nat	ional Cem.	Balt:	imore, Ma	ryland	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral director, of 2 shauld be filed with may be respined by the haspital ar attending physician.

TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 sty. I'd be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 page 3 sty. I'd be detached for use as the burial-transit permit. VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

06633

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Baltimore		MARYL	AND	2. USUAL RESIDENCE o. SMIE arylan	(Where decease	d lived. If instituti b. COUNTY	on: Residenc	e before adm	ission)
4	b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town)	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN		prote limits, write R	URAL ond g	ive nearest to	wn)
	Fort Howard		134 Days		Baltimo	re	3 V	01.	4	
5	d. NAME OF HOSPITAL (If not in hospital, of OR INSTITUTION				d. STREET ADDRESS				e. tS R	ESIDENCE A FARM?
	Veterans Admini	strati	Lon Hospita	J	20 Sout	h Carro	llton Ave	enue		□ № 🔼
	3. NAME OF DECEASED (Type or print) THOMAS	st	Middle L.		WIMPLING	4. DATE OF DEATH	June Mon	th	Doy 17	Yeor 19 58
	5. SEX 6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	8.	DATE OF BIRTH		9. AGE (In years		YEAR IF UN	1
	Male White	WIDOWE		h-md	July 7, 18		los birthdoy)	Months	Days Hour	s Min.
	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b. I	CIND OF BUSINESS OF	INDUST		2.0		12. CITI	ZEN OF WHA	T COUNTRY?
	Electrician-unemploy	ed Ra	ailroad		Baltimor	e, Mary	land	U.	S. A.	
1	13. FATHER'S NAME				14. MOTHER'S MAIDE					
1	Andrew Wimpling				Kate Faye					
	15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no. or unknown) [(If yes, give war or dates of s		OCIAL SECURITY NO.		ORMANT		Addi		C.C.	
	Yes WW I	-		Cli	n.Rec.,Vet	.Adm. Ho	spital,F	t.Howa	rd, Ma	ryland
	18. CAUSE OF DEATH [Enter only one compart I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	PULM	e for (o), (b), and (c).] ONARY CONG	esti	ON				INTERVAL ONSET AN	
	Conditions, if ony, which gove rise to immediate	LYMF	HOSARCOMA,	GEN	ERALIZED				15 M	INTHS
	couse (o), stoting the under- lying couse lost.									
	PART II. OTHER SIGNIFICANT CON 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Ulf EITHER, NOTIFY MEDICAL EXAMINER)	DITIONS CO	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	'EN IN PART	PERF	ORMED?
		20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter noture of injury	in Port I or Por	t II of item 18.)			
	20c. TIME OF INJURY Month, Day, Ye Hour o. m. p. m.	While	JURY OCCURRED Not while of work	PLAC focto	E OF INJURY IHome, fi ry, street, office bldg.,	arm, 20f. (City	y or town)	(Co	ounty)	(Stole)
1	21. I certify that X attended the	decease	d from Januar	y_3_	, 19 <u>58,</u> toJ	une 17	1958	XXXXXX	XXXXXX	XXXXXX
					occurred at 2:5	5P M, from		ind on the	e date sta	
	ACTUAL SIGNATURE	1	1,	M	, VAH, FOR	A HOWA	RD. MARYL	AND		6/18/58
	PHYSICIAN'S CHARLES T. F	ITCH.	M.D.		·					
	220. BURIAL, CREMATION, 22b. DATE THEREC	F	22c. NAME OF CEME	ERY OR	CREMATORY	22d. LOCA	TION (City, town, o	or county)	(St	ote)
	Burial (Specify) 6/2//	58	Loudon Pa	rk C	emeterv		- 7.6	rvlan	d	
	23 JUNEAU DIRECTOR'S SIGNATURE LON		ADDRESS		- 0	EC'D BY REGIS	TRAR 246. REGIS	STRAP'S SIGI		
	John Lowan and Sons He	olling	and Poppl	eton	Balto MAE	JUN 1 9	'58 (1	rhea	uch	

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VS A15 (4) 15M 9/5S

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
6641	CEPTIFICATE	OF DEATH	

a. COUNTY B	altimore		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl		lived. If institution b. COUNTY	Residence before Balti		ion)
b. CITY OR TOWN RURAL ond give Rural	(If outside corporate limit nearest town) TOWSON	s, write c. LENK	GTH OF STAY IN 16	c. CITY OR TOWN (IF o	Towsc		URAL and give ne	arest town)
d. NAME OF HOSP OR INSTITUTION	Glenarm Ro			d. STREET ADDRESS Glenary	m Road	1		e. IS RES ON A YES	IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Sister Mar		Middle sina Winkl	Lost er	4. DATE OF DEATH	Moni Jun			Year 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARRIED 1	DIVORCED	8. DATE OF BIRTH May 8, 1862		9. AGE (In years lost birthdoy) yrs.	Months Doys	Haurs	R 24 HRS. Min.
during most of wo	ION (Give kind of work d orking life, even if retired) oner	one 10b. KIND OI	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Baltimo		_	12. CITIZEN C	A.	COUNTRY
13. FATHER'S NAME Fran	cis Joseph			14. MOTHER'S MAIDEN N Mary Ann		3			
IS. WAS DECEASED EN	ER IN U. S. ARMED FORCE			ster M. Peter	Fouri	Addr ier N	otch Cli	ff, l	Md.
442x	IMMEDIATE CAUSE (o)		ompensatio	11					
Conditions, if gove rise to couse (o), stotinglying couse lost	ony, which immediate the under-	Card	io vascula	r renal disea		E CONDITION GIV	EN IN PART 1(0)	PERFO	RMED?
gove rise to couse (o), stolin-lying couse lost PART II. O 200. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIFE	OUE TO Ony, which (b) immediate DUE TO g the <u>under-</u> (c) THER SIGNIFICANT CONE	Card	io vascula	r renal disea	NAL DISEASI		EN IN PART 1(0)	PERFO	AUTOPSY PRMED? NO []
OF CONTRIBUTING (IF EITHER, NOTIF	OUE TO Ony, which immediate g the under (c) THER SIGNIFICANT CONE VAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Yea	Card DITIONS CONTRIBE 20b. DESCRIBE HO 20d. INJURY O While No	io Vascula UTING TO DEATH BUT DW INJURY OCCURRE CCURRED 20e. PL	r renal disea	NAL DISEASI	or tawn)	(County)	PERFO YES	RMED? NO [

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The track and the transplant of the Maria Scholars of the South Control	a though 7,90 to the State of t

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 I tem 4 F11mG230 6-10-58 et CERTIFICATE OF DEATH

06635

a. COUNTY			La ticital properties and	411 1 161 414 41		
	timore	MARYLAND	o. STATE Maryland	here deceased lived. If institution b. COUNTY	on: Residence before adm Baltimor	
RURAL and give near	est town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		JRAL and give nearest to	wn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 7407 Waymouth Way			d. STREET ADDRESS 7407 Wayn	nouth Way	ON	ESIDENCE A FARM?
(Type ar print)	first John		los 1 Winks	4. DATE MONITOR DEATH	the 1, Day	Year 58
Male	White wo	OWED DIVORCED	July 8,1907	9. AGE (In years lost birthday) 50 yrs.		
during most at working	g life, even if refired)	10b. KIND OF BUSINESS OR INDU			U.S.A.	AT COUNTRY
	Thomas Wi	nks				
[Yes, no. or unknown] (If	yes, give wor or dates of service)					K 22
PART 1. DEATH 15/X Conditions, if any, gave rise to imm	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO , which (b) nediate punder: DUE TO	er the top (o)()(b), and (c).]	hmall		INTERVAL ONSET AN	BETWEEN ID DEATH
PART II. OTHER	SIGNIFICANT CONDITION				PERI	S AUTOPSY FORMED?
	EDICAL EXAMINER)					
Hour a. m.	W	hile Not while fo	ACE OF INJURY IHome, farm clory, street, affice bldg., etc	n, 20f. (City or tawn)	(Caunty)	(State)
21. I certify that alive on actual signature Physician's NAME (Type)	a december of the december of			M, fram the causes a	nd on the date sto	
20. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 6-5-58			22d. LOCATION (City, town, o	or county) (SI	lote)
		ADDRESS			TRAR'S SIGNATURE	
The second secon	RURAL and give near Dur d. NAME OF HOSPITAL OR INSTITUTION 3. NAME OF DECEASED (Type ar print) 5. SEX Male 10a. USUAL OCCUPATION during most of working Practor Driv 13. FATHER'S NAME John 15. WAS DECEASED EVER I 17. W	RURAL and give nearest town) Dundalk d. NAME OF HOSPITAL (If not in hospitol, give st OR INSTITUTION 7407 Waymou 3. NAME OF DECEASED (Ifype ar print) 5. SEX Male White Wide Wild Wild Wild Give kind of wark dane during most of working life, even if refired) Fractor Driver 13. FATHER'S NAME John Thomas Wild Si, WAS DECEASED EVER IN U. S. ARMED FORCES? Ves. We Will 18. CAUSE OF DEATH (Enter only one couse parties) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20 May December 19 May December	RURAL and give nearest town) Dundalk d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 7407 Waymouth Way 3. NAME OF DECEASED I(Type or print) 5. SEX 6. COLOR OR RACE Male White WIDOWED DIVORCED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) 13. FATHER'S NAME JOHN Thomas Winks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I altended the deceased from those of work of	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Dundalk d. NAME OF HOSTIAL (If not in hospitol, give street address) OR INSTITUTION 7407 Waymouth Way 3. NAME OF DESTRAL (If not in hospitol, give street address) OR INSTITUTION 7407 Waymouth Way 3. NAME OF DESTRAL (If not in hospitol, give street address) OR INSTITUTION 7407 Waymouth Way 3. NAME OF DESTRAL (If not in hospitol, give street address) OR INSTITUTION (Give kind of work done) If you can be not a working life, even if relived) 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote Steel) 13. FATHER'S NAME 14. MONTHER'S MAIDEN 13. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. MO THOMAS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH 19. PART II. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH 19. DUE TO 19. Conditions, if any, which gave rise to immediate course (c), Isting the under 19. DUE TO 20a. ACCIDENT WAS UNDERLYING DUE TO 20b. CONTRIBUTING CLASS OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20c. TIME OF INJUR	b. CITY OR TOWN (if outside corporate limits, write R RURAL and give nearest low) Dundalk d. NAME OF HOSPITAL (if no in hospito), give street address) DR INSTITUTION 7407 Waymouth Way 2. NAME OF DECEASED If you or print) Name Of BECEASED If you or print) DO COLOR RACE A COLOR OR RACE T. MARRIED NET MILLIAM Minks OR INSTITUTION 7407 Waymouth Way 2. NAME OF DECEASED If you or print) DO LOUGH OF MARRIED NET MILLIAM Minks OR INSTITUTION 7407 Waymouth Way 2. NAME OF DECEASED Male White White Widdle Winks OR COLOR RACE T. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED NET MILLIAM NOTHER'S MAIDE NOTHING SMAIDEN NAME MOTHER'S MAIDEN NAME MOTHER'S MAIDEN NAME MOTHER'S MAIDEN NAME JOHN Thomas Winks 13. FATHER'S NAME JOHN Thomas Winks N. W. W. 11 14. MOTHER'S MAIDEN NAME MOTHER'S MAIDEN NAME MOTHER'S MAIDEN NAME NAME JOHN TO BETT NOTHING DIVORCED DIVORCED IN MOTHER'S MAIDEN NAME M	B. CETT OR TOWN If outside corporate limits, write RURAL and give necestal town Dundalk d. NAME OF MOSTIAL (IF not in hospitol, give street oddress) OR INSTITUTION 7407 Waymouth Way d. NAME OF SOSTIAL (IF not in hospitol, give street oddress) OR INSTITUTION 7407 Waymouth Way d. STREET ADDRESS 7407 Waymouth Way 1. DATE ORANGE First John William Winks 6. COLOR OR RACE [7. MARRIED May Nove MARRIED May Nove MARRIED May Nove Maymouth Way 1. SEX Male White Windowse Male Winte Winte Motores Male Winte Motores Motores Male Winte Motores M

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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ADDRESS

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may

23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

06636

. IS RESIDENCE ON A FARM? YES NO

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗌

> > (Stote)

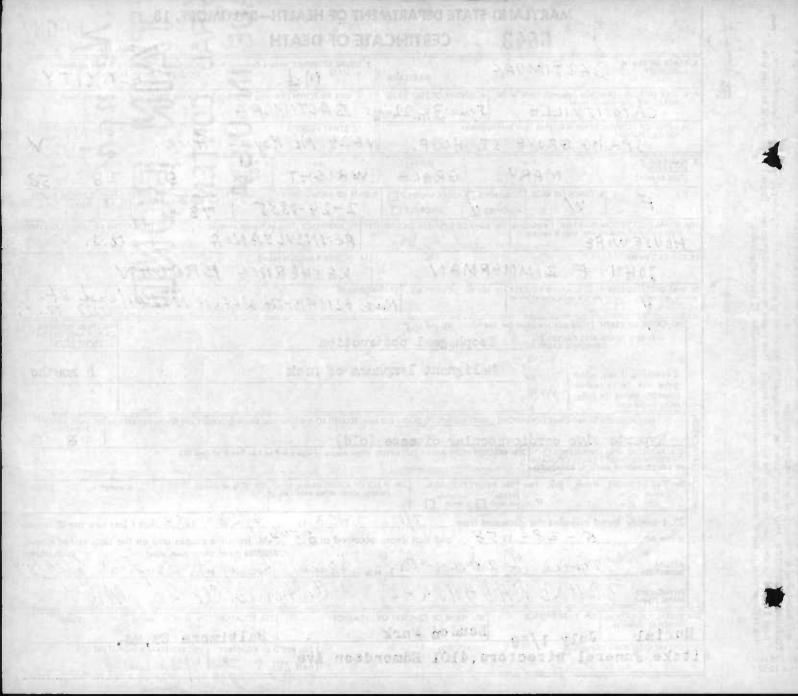
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(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06638 6644 CERTIFICATE OF DEATH Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNT filed b. COUNTY MARYLAND death: eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) should be RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE 10 ON A FARM? YES NO TO NAME OF 4. DATE First Middle Year Day DECEASED OF (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Min DIVORCED T WIDOWED 5 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during-most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL 右 bours remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If yet give war or dates of service 72 aftending CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: that DUE TO þ permit. Conditions, if any, which gned gove rise to immediate DUE TO cause (a), stating the underpup lying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY remayal, PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 5 as the 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Day, Year 20f. (City or town) (County) (State) Hour a. ft. factory, street, office bldg., etc.) While Not while at work at wark D. m 21. I certify that I attended the deceased from 1/2 that I last saw the deceased and that death occurred M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL 0 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY S 22d. LOCATION (Cify, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) bock L DATE